

dered sterile. Personally, I use pure glycerine with sufficient bichloride of mercury powder to make a 1:1,000 solution. In passing the instrument the utmost gentleness must be exercised, and here the experience gained in the post-mortem room will be invaluable. If the patient be in the lithotomy position the legs should be brought down until the cystoscope has been passed. There are two stages in the passing of the instrument. The first includes the insertion until the beak strikes the posterior part of the bulb, during which period the long axis of the shaft should be roughly at right angles to the patient's body, the beak being directed against the anterior layer of the triangular ligament. In the second stage the posterior urethra is traversed. The instrument should be very slightly withdrawn and a finger on the perineum gently presses the beak against the opening in the triangular ligament, when he will feel it enter the membranous urethra. The ocular end is then gently depressed between the thighs and at the same time very carefully pressed on into the bladder. The electric connections are then made, and the operator seats himself on a low chair.

In the female the technique is very much simpler. The vulva should be cleansed by the nurse before coming to the table. The urethra, and especially the neck of the bladder, which is the most sensitive part, being cocainized by means of a female glass catheter to which is attached a rubber bulb.

When it is desired to catheterize a ureter, the opening when found must be viewed as near as possible at right angles. The catheter should fit the channel closely, in order that there should be a minimal leakage of the medium. Usually a No. 7 French will meet the requirement. These may be sterilized by boiling for five minutes, provided a towel be wrapped around them, or immersion for the same length of time in a 2% formalin solution will suffice. If the latter method be used the formalin must be carefully washed off, else the fumes will so irritate the eyes as to make the examination impossible. If one wishes to avoid all danger of infection it is advisable to use a new catheter upon each occasion. It is very convenient to have an aluminum mandrin passed through the catheter, care being taken that its end reaches only to within three or four inches from the catheter eye. Unless this precaution is taken one may find that the catheter buckles when trying to pass it onwards into the kidney.

The cystoscope enters the bladder with the prism directed towards the upper surface, and floating upon the fluid will be seen an air bubble of greater or less size. This has been introduced with the boracic solution, and comes away at the end of voluntary micturition, and is of no importance. By turning the beak to either side