

as it seems less painful. Casper recommends oxycyanate of mercury 1:5,000, believing it to be the least irritating of the antiseptics.

(3) The bladder must hold at least 4 oz. of the medium.

With these conditions fulfilled we proceed as follows, taking a male patient as an example: If practicable, he should be given ten grains of urotropin three times a day for twenty-four or forty-eight hours previously, and about a pint of Vichy water half an hour before the examination. With everything in readiness, he should connect up the cystoscope and adjust the transformer so that the lamp emits a clear white light. The instrument may then be disconnected and placed in 1:30 boracic solution. The patient is placed upon his back, with a pillow under the buttocks to elevate the pelvis; the legs are flexed, the heels resting upon footrests, or, if desired, the lithotomy position may be adopted. The penis is now thoroughly cleansed by an assistant, using green soap and water followed by 1:2,000 bichloride. The whole pubic region is then covered with a sterile towel having an opening suitable for the passage of the penis. The surgeon now scrubs up, puts on a rubber apron, sterile gown and rubber gloves. The latter, while essential for asepsis, are very useful in preventing slight shocks which necessarily interfere with accurate work. With a half-ounce syringe filled with a four or five per cent. solution of cocaine the urethra is gently and slowly distended. As soon as the anterior urethra is full one should wait for about a minute, and then very slowly inject the remainder so that about every ten seconds a little of the solution will get past the cut-off muscle and anesthetize the posterior urethra, which is the part most sensitive. If there is great irritability of the bladder a second or a third syringeful may be similarly used, as there is practically no danger of poisoning, notwithstanding the dread which some writers have. In any case, the most of the drug is gotten rid of by the next procedure, which consists in passing a soft rubber catheter some three minutes after the cocainizing process. It is well to have a gum elastic catheter ready, as it sometimes happens that the Jacques variety cannot be made to enter the bladder. With the catheter in place the bladder is washed out usually with 1:30 warm boracic solution. If the urine is moderately clear two or three washings are sufficient, but if there is much muco-pus repeated cleansing is necessary to ensure a clear medium. When satisfied that the viscus is clean enough about five to seven ounces of the fluid are left in, the catheter withdrawn, and the cystoscope, previously prepared, is inserted.

Various lubricants for the instrument are advised, the three essentials being transparency, an oily substance and one easily ren-