

and pulv. ipecac co. in cachets, I believe, do much to relieve vesical tenesmus.

In the chronic stage, irrigations of abundant hot saline solutions followed by instillations of increasing strengths of argentic nitrate or, where this is not well borne, by nitric acid, beginning with a drop to the ounce, is often serviceable. And here the use of the urethroscope is invaluable. By it you can determine the point or points where inflammation is localized, and having noted these carefully by rectal touch, instillations with an Ultzman's syringe can be readily carried daily, or every second or third day as acquired, to the desired part.

In acute spermato-cystitis the treatment suitable for acute prostatitis or acute posterior urethritis would be necessary. In the chronic form Fuller has shown that cures may be secured by emptying the contents of the vesicle into the posterior urethra by pressure exercised through the rectum, the bladder and urethra being subsequently carefully irrigated.