

of silver nitrate, which he leaves in the bladder for three to four minutes and then has evacuated *per vias naturales*, following such evacuation by lavage with sterilised water. He claims that in the hundreds of cases in which he has used this method he has had no failures. But, according to some observers on this continent, he hardly goes far enough, for, to use his own words, he only employs it "in all cases of single introduction of an instrument under circumstances where infection is to be feared." The only other objection to the method is that it consumes more time than irrigation from the meatus and does not go so far as irrigation or instillation with protargol. It has the additional danger of causing some pain to the patient.

The irrigation of the urethra and bladder with hot permanganate solution from the meatus which has been referred to is done in the following way :—

The irrigator is slung five feet above the patient's penis. The patient sits or stands holding a pus basin under his penis with his left hand. The surgeon places himself on the right side of the patient and, grasping the penis with his left hand, irrigates with his right, alternately ballooning the urethra with the fluid and allowing it to escape. The urethra must be washed in this way inch by inch, first washing the meatus and guarding against the driving back of septic material from the first inch into the parts behind by tightly compressing the urethra at intervals of one to two inches until the pubic bone is reached. When the urethra has thus been carefully washed the bladder must next be washed out. This is done by gently filling the urethra and asking the patient to urinate, and in all probability his efforts will be rewarded and the surgeon will feel the purring sensation characteristic of the unobstructed flow of the solution into the bladder. Here it is necessary to be extremely careful not to hurt the patient. If he cannot voluntarily take it into his bladder by trying to urinate, not to let him persist, as the risk is run of causing an epididymitis, which will certainly not be appreciated by the patient. In the event of being unsuccessful with this it is better to risk the irritation caused by a soft catheter (after the danger of introducing septic material has been abolished by the previous copious irrigation of the urethra), and instill into the bladder one ounce of a 2 per cent. solution of protargol. The only objection that can be raised to this method is the time consumed; but results will repay this. I have passed several hundred sounds after using this method without producing a chill, and Valentine claims that he has passed thousands without a chill; even going further and stating that a chill does not follow instrumentation and copious irrigation with potassium permanganate. Not only is Swinburne, who perhaps of all men has had the greatest experience in the use of irrigation in urethral disease, strongly in favour of this method, but I understand that MacEuan of Dundee also approves of it.