

from pressure are to be desired, and cocaine is to be prohibited. I have also endeavored to use external applications of Churchill's iodine, but was obliged to discontinue it as it rendered the skin intolerant of the negative pole, thereby impairing the value of the treatment.

Of course, vaginal stenosis and occlusion, as well as imperforate hymen are to be treated surgically, for other treatment of those conditions is useless.

In conclusion, let me state that I make no claim of having found electricity a panacea for all conditions herein described; but I do claim results by its use which I have been unable to attain by any other means; and its *safety* and *ease of application*, as well as its lack of terror to the patients themselves in comparison to operation for the relief of their sufferings cannot fail to commend itself for a fair trial to those who seek the advancement of conservative gynecology.—*New York Journal of Gynecology and Obstetrics*.

TREATMENT OF CATARRH OF THE PROSTATIC URETHRA.—Some recommend the daily passage of metallic bougies. Begin with an average size, and increase until the full size of the urethra is reached, which can readily be determined by Dr. Otis' plan. After the urethra has acquired a tolerance of the instrument, it is recommended to depress the handle of the instrument when in the bladder, and let it remain from five to twenty minutes; it appears the instrument acts favorably by pressure. Under this plan of treatment some improve, but are not cured.

Another mode more successfully used is the daily injection of a 1 to 15 per cent. solution of sulphate of zinc deep down into the urethra. Never use over eight or ten drachms of the injection at one time, and have it of the temperature of the body. After four or five such applications in ordinary cases, the malady begins to improve, but in some cases no improvement is apparent. Then stronger injections or cauterization must be used by means of a Dittel's *porte remède*, or an Ultzmann's urethral dropper, depositing only a few drops of the solution in the prostatic urethra. Five-per-cent. solution of nitrate of silver is generally used. Some surgeons use the cold sound, or psychrophor of Winternitz. The temperature of the water circulating in the hollow sound must be about 75° F. to begin with, and, at each subsequent sitting, which should not be longer than ten to twenty minutes, the water is made cooler, until fifty or forty-eight degrees is reached. Some derive much benefit by the use of warm or even hot water passing through the psychrophor. Rectal enemata of warm water seem to act well as an accessory to the other plans of treatment. Cocaine, four-per-cent. solution, has been used in

catarrh of the prostatic urethra with good results, often resulting in a speedy cure without any other than the ordinary constitutional treatment, which consists of the administration of alkaline diuretics to neutralize the urine, and of tonics to build up the system. The cocaine drives the blood out of the inflamed tissue, and tends to lessen the inflammation, and greatly diminishes the pain. The application of cocaine is made like that of nitrate of silver solution—only it is made oftener—as much as three times a day. Medicated urethral suppositories have been used by many, but with only limited success. Electricity has been used with great benefit, and it is predicted that this agent, if the proper electrodes are used, will be the only reliable remedy for catarrh of the prostatic, as well as other portions of the urethra. The last resort, when all other remedies are of no avail, is one of the cystotomies, which drains the bladder by a new channel and gives rest to the chronically inflamed urethra, thereby tending to restore the inflamed tissues to their normal condition.—*Virginia Med. Monthly*.

CAUSES OF THE REMOTE RESULTS OF PHIMOSIS.—

The remote results produced by phimosis can be readily understood by studying the anatomical distribution of the nerve supply to the penis. The sympathetic nervous system, with its delicate make-up, and its peculiar susceptibility to irritations of any nature, certainly finds a locality in this organ where its singular function is demonstrated: The inferior hypogastric or pelvic plexus, situated as it is by the side of the bladder and rectum, has free communications between the second, third, and fourth sacral nerves, and liberal communications with the internal pudic, a branch of the lower part of the sacral plexus. After uniting with the pudic, the two are distributed to the corpus cavernosum and spongiosum, urethra, and in fact to all parts of the organ. The knowledge of this fact is quite sufficient to explain why any pathological irritation at the periphery should be followed by a similar condition in a remote organ, if long continued, supplied by the same set of nerves. The pudic nerve, taking its origin from the sacral plexus, distributes its branches to the urethra, skin, and muscles of the penis. The sensitive nerves from the mucous surface of the end of penis interlace with the motor nerves supplying the bladder, and any irritation applied to the periphery may be followed by a muscular contraction of the bladder. This is only the reverse of the condition existing in stone in the bladder. The moment the stone comes in contact with the irritated mucous membrane of bladder when empty, it produces a contraction of its muscular layer, and the pain is felt with greatest intensity in the glans penis. It is the friction of the nerves upon the surface of glans penis which brings on