

It is the general belief that the so-called "chronic" gonorrhea is always limited to the posterior urethra. But a great many cases show a chronic infection of the anterior urethra. The diagnosis may be safely made with the aid of the urethroscope, which will show the diseased mucous membrane, characterized by glandular and peri-glandular infiltrations. Of all the urethroscopes in use, the most preferable is that devised by Nitze and Oberlander, in which, the light is produced inside of the urethra, right near the diseased area. Since the construction of this apparatus, urethroscopy may really be considered a valuable and trustworthy method for diagnostic and therapeutical purposes.

As soon as we have diagnosed the anterior urethritis as caused by deep-seated glandular infiltrations, we will find a safe method of removing them, in methodically dilating the diseased part of the urethra with Kollmann's dilator, and, afterwards, applying an astringent, or antiseptic remedy, which, now, will carry its effect into the infected submucosa and even deeper, to the corpus cavernosum. Here, also, we will find irrigations of the urethra of great value in order to wash away all infectious material which has been loosened by the energetic dilations.

Here is the place to add a few remarks concerning the irrigation of the urethra as first introduced into practice by Janet, of Paris. This is, undoubtedly, a very valuable therapeutical means, if applied correctly, and at the proper time. From a large experience covering a period of four or five years, I am ready to say that the irrigations of permanganate should not be used in the acute forms of the malady, as the danger of generalizing the process is too great. On the other hand, it gives, undoubtedly, excellent results in all cases of subacute gonorrhea where the posterior urethra has been invaded. It is essential to close the meatus with a piece of cotton after irrigation in order to keep the urethra clean. It is also impossible to adhere to the heroic methods of Janet, as described by him in various publications, as the patients in private practice will, as a rule, not submit to frequent the doctor's office two or three times daily for a

simple gonorrhea. I invariably irrigate once a day, and do not see the necessity of irrigating oftener. Ten to twelve irrigations, as a rule, are sufficient to produce a cure.

In chronic cases, of course, with deeper-seated infiltrations, the irrigations will only work satisfactorily after an energetic dilatation, and have to be repeated over a long period of time, until the urethroscope convinces us that the inflamed condition of the mucosa and submucosa has entirely abated.

Now and then, lately, excellent results have been published with the irrigation method as a means of shortening an attack of acute gonorrhea, or rather of aborting the disease. I would not advise this method of treatment for such a purpose in private practice for fear of complicating a process absolutely limited to the anterior urethra. The more experience one gets, and the older one grows in treating urethral or other genito-urinary diseases, the more one is prone to adhere to the old maxim "Nil nocere."

Every physician dealing with gonorrhea will come across some very stubborn cases, which, in spite of most careful and energetic treatment, carried over a long period of time, will not yield. Here it is advisable to give the tortured urethra a few months rest, and then to start in treatment again, which, occasionally, will be followed, under such conditions, with better results than before.

In these cases we generally have to consider that the deeper seated appendages of the urethra are the receptacles of diseased material. We can reach the prostate and the seminal vesicles from the rectum and express their secretions by systematic massage every three days, for from two to five minutes. Some authors have devised instruments in order to reach the upper edge of the prostate and the vesicles above them. In my experience, the index finger is the best instrument, and, as a rule, long enough to reach the organ in question. It is, of course, a tedious manipulation, and tries the endurance more of the physician than of the patient. But whoever has noticed how these organs, inflamed and indurated at the beginning of the treatment, offering to the touch of the finger irregular surfaces, here soft, there hard, on one side bulging out, on