

by cystoscope, introduction of bougies, catheterization, and litholopaxy; and coincidently with such increase in the bacterial habitant of the urethra is the danger of infection increased.

Now that we have seen that not only is sepsis a most important factor in the origin of urinary fever, but that disturbance of the nervous system will facilitate absorption, that although the instruments may be perfectly sterile, chill may be caused by displacing pathogenic bacteria and especially if this displacement be combined with injury by careless instrumentation, or with an already existing lesion, we must consider what can be done in the way of prophylaxis against this disease.

Two measures may be discussed; first, that which will lessen deleterious nervous influence, and secondly, that which will prevent sepsis. To combat the first, our only resource is to perform the operation with the utmost gentleness, and to carry this out we should never use more than one instrument at the first *séance*. A steel sound of smaller calibre than 20 French, should never be used. In the case of extremely nervous patients, it is better to use only soft bougies until they are accustomed to instrumentation. Sounds should never be passed more than twice or at most, three times a week, and it is found safer not to increase the calibre of the sounds by more than one or two sizes at a *séance*, the surgeon taking great care not to hurt his patient by the introduction of the instrument. If one cannot be passed through a stricture without hurting the patient it is best to employ a smaller sound, or even a bougie for a time, and only return to the large one when it is felt that it can be used without giving pain to the patient. In introducing a sound, when its progress is obstructed by the triangular ligament, it is preferable not to lift the sound's point to get it through, but to relax the subpubic ligament by pressure from above.

We must now consider how it is possible to guard against septic absorption, when it is known that the urethra is generally considered to be irretrievably septic, and thus we come face to face with certain dictums almost as unchangeable as the laws of the Medes and Persians. (1) Never use an instrument until the urine has been rendered apparently sterile by the use of such agents as salol, boracic acid, or, perhaps best, urotropine. (2) Always be sure that instruments are absolutely sterile for, although we know of many instrumentations with sounds simply washed in hot water and perhaps rubbed down with a sterile cloth, often without the slightest ill effects, we must confess that it is preferable to use none but boiled instruments. (3) Never pass a sound into the bladder if the stricture is in the anterior urethra alone; as the passage into the bladder certainly increases the danger of septic absorption.

In some hospitals another prophylactic measure is used. The bladder is injected through a catheter with Tiersch's solution which is thus