

discharge in spermatorrhœa, the microscope settles this point. (11) When the urine is passed in two portions, characteristic appearances are seen. Ultzmann says, "If only a little secretion has collected in the posterior urethra the urine in the bladder remains uninfluenced, and if we have the patient urinate successfully in two glasses, only the first portion of the urine passed will appear turbid; the second half remaining clear and transparent. If, however, the secretion in the posterior urethra is considerable in amount, it will flow back into the bladder, make the urine more or less turbid and even irritate the bladder itself. In this case, both specimens of urine (passed into two glasses) will appear turbid. However, as a distinction from a primary cystitis, the first half of the urine will appear more turbid than the second, and will contain more compact flakes, which all come from the urethra, and which, accordingly, are absent from the second portion of urine passed." (12) These "flakes" are so-called "prostatic shreds," and consist of short, thick, clumpy masses, which, under the microscope, are seen to be collections of pus, prostatic epithelium and mucus, with sometimes a few spermatozoa. They occupy the follicles of the prostate, are washed out by the urine. (13) Shreds from the anterior urethra may also sometimes be seen in the first portion of the urine; these are longer and thinner, and consist of pus and urethral epithelium. (14) The urine contains mucus, prostatic epithelium, pus, often spermatozoa, and sometimes blood corpuscles.

A trace of albumin is often seen, which disappears when a cure is effected. (15) On rectal examination, the prostate is usually found somewhat enlarged and tender; it may be normal in size and not tender. In which case the inflammation is probably mostly in the mucous membrane of the urethra. (With enlargement of the gland there may be residual urine.) (16) Neuralgic pains in the back and groin are frequent subjective symptoms. Dr. F. S. Watson says: "These pains vary as to constancy and duration, and may be entirely absent."

The frequency of micturition, with pain, and blood appearing at the end of the act, may stimulate the symptoms of stone in the bladder. This happens only in the acute cases, and rectal examination and sounding make the diagnosis clear. True hypertrophy of the prostate occurs only after the fiftieth year, and can hardly be mistaken for an inflammation.

In cystitis the pain is felt above the symphysis pubis instead of in the perineum; the urine is generally alkaline and the second part of the urine is as turbid as the first. Cystitis is, however, often associated with a chronic catarrh of the neck of the bladder.

The treatment should be both general and local. The patient should take no alcohol, he should sleep on a hard mattress in a cool room; he should take moderate exercise daily out of doors;

his bowels should be kept open, and he should be given tonics and plenty of nourishing food. The drine must be kept dilute and unirritating by diuretics.

For this purpose benzoate of soda, twenty grains, given four times a day, is an excellent remedy.

Locally, counter-irritation to the pereneum is beneficial. One side of the raphe is to be painted with cantharidal collodion or tincture of iodine, and in a few days the other side. This may be kept up for some time, and will usually relieve the sense of weight and uneasiness. Care must be taken to prevent the irritant from touching the anus.

Together with this the prostatic injection of nitrate of silver is probably the best remedy. It is best to begin with a solution of two grains to the ounce, and increase to five grains. In making the injection it is well to pass a good sized sound first, in order to stretch the urethra so that the fluid may readily penetrate to all parts. (The sound should be lubricated with glycerine, as oil will form a coating over the urethra and modify the effect of the application.) Then a drachm of the warmed solution is to be injected slowly, the point of the syringe having been located at prostatic urethra by the finger in the rectum.

Ultzmann's syringe catheter, fenestrated on the sides, connected by a rubber tube to small syringe, is the most convenient instrument to use.

The application should be made twice a week, using no more than a five-grain solution, and the treatment kept up for six or eight weeks. If, in that time, no improvement is noticed, the injections should be discontinued for a time and other means employed.

Combined with the deep injections and counter-irritation, large sounds to be passed once or twice a week. In the large majority of chronic cases the above treatment will bring about good results. It is particularly applicable to the chronic "mas-turbation cases."

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THE NEW MEDICAL ACT FOR THE PROVINCE OF QUEBEC.

The committee named by the College of Physi-