

tincture of iodine). The latter, however, should be used with great caution, for its tendency to scar formation is marked. *Every urethroscopic treatment should be followed by subsequent dilatation the day after.*

B—PAPILLOMATOUS URETHRITIS

As the term implies these lesions are wart like excrescences projecting from the mucosa, at times blocking the urethra; when not viewed urethroscopically and only explored by means of a sound they may stimulate stricture. On viewing them with an endoscope however, the clinical picture becomes apparent at a glance.

Treatment calls for excision and can best be done through the urethroscope. A long spear-shaped blade attached to a long handle about eight inches in length and considerably smaller than the lumen of the urethroscope is the instrument to be employed. These lesions are mainly situated in the anterior urethral segment. The endoscope is inserted, the lesions are exactly located, the rheostat is turned on, the blade is then introduced, and by a series of horizontal and vertical movements the papillomata are scarified. Considerable bleeding ensues, that may be checked either by pressure or by the instillation of adrenalin solution. At this juncture it may be remarked that prior to operating on these lesions, it is advisable to fill the bladder with four to six ounces of a ten per cent. boric acid solution, so as to enable the patient to urinate after these lesions have been excised, the tissue debris being thus washed away upon evacuating the bladder. Some employ electrocautery in treating the above lesions. But unless one is an expert in its use, the method of scarification suggested above is preferable.

C—DISEASES OF THE FOSSA NAVICULARIS

Within a half to one inch of the meatus is situated the Fossa Navicularis. It is not infrequently the seat of pathological conditions. On examining it urethroscopically we may detect a deeply congested longitudinal zone with a few bleeding points and plugs of secretion tenaciously clinging to the ducts of the follicles. The treatment consists in applications of a saturated solution of arygrol or fifty per cent. ichthyol in glycerine; a five per cent. solution of mercurochrome may also be used in this condition. En passant it may be remarked that the Fossa Navicularis is not infrequently the seat of small papillomata that require surgical interference for their eradication.

Large ulcerations as a rule are very rarely met with in the urethra. As a rule superficial erosions may be occasionally encountered in the bulbous portion of the urethra. I have never observed them in the an-