

in some cases by a cessation of the discharge.

*Urethritis of the prostatic portion behind the Compressor Urethrae.*—The treatment for acute catarrh of the prostatic portion must be entirely dietetic and medicinal, instrumental treatment is not to be thought of. Chronic catarrh of the prostatic portion usually follows obstinate gonorrhœa and it is also found in certain persons who have been addicted to practice masturbation and in those who have led a dissolute life and indulged in sexual excesses. The catarrh appears also primarily in beginning tuberculosis of the prostate and in wounds of the bladder and genital apparatus. In treating chronic catarrh of the prostatic portion it is desirable to bring the remedy into direct contact with the diseased urethral wall. The manner of employing the remedy differs according to whether the dilute or concentrated form is used, a mode of irrigation is the best for the dilute form. The irrigation catheter is made of silver, 16 cm. long and corresponds to No. 14 or 16 of the Charrière scale. The vesical end has the ordinary curve of a metal catheter and is provided with several openings. To the extra-vesical end is attached a disc which is marked and shows the direction of the bill of the catheter. Joined to this end is a rubber tube 20 cm. long which is in attachment with a syringe. If the catheter is in proper position the fluid runs into the bladder without resistance. The internal sphincter is such a weak muscle that it offers no opposition to the entrance of the fluid into the bladder. If the catheter is not in the membranous portion the fluid flows back around the catheter and out at the meatus. Immediately after the injection allow the patient to completely empty his bladder. This is only to be commended when the bladder is capable of complete contraction, of voiding even the last drop. If the bladder is insufficient a quantity of the injected fluid remains behind and may cause painful irritation and other evils.

For an insufficient bladder the irrigation of the prostatic portion with an ordinary elastic catheter is much better. To carry this out the patient stands, allow him as far as possible to empty the bladder then introduce into the bladder an elastic catheter with two side openings. The quantity of fluid drawn off with the catheter shows the amount of insufficiency; when the bladder is emptied, the catheter is withdrawn somewhat till the openings at the end lie in the prostatic portion, then inject a quantity of the medicated fluid into the bladder, after injecting a sufficient quantity in this way the catheter is reintroduced and the bladder completely emptied.

It is important that the solutions should be warm when injected.

Another instrument is used when it is desirable to act on the parts with remedies more caustic than astringent. It consists of a short, thick walled curved catheter, with a capillary tube of fine silver. Attached to the extra-vesical end there is a piece of hard rubber fitted to receive the end of a small Pravaz syringe, the tube contains but two drops, if we wish to inject one drop of a concentrated solution into the prostatic portion three drops must be drawn into the syringe, if we wish to inject two drops four drops must be in the syringe.

In using this apparatus, the patient lying, the syringe is filled with three or four drops of the solution and is adjusted in the catheter already in place in the prostatic portion. In order to ascertain if the point of the instrument is in proper position one finger can be introduced into the rectum, immediately after injecting a burning sensation is felt in the urethra, it is advisable after using this instrument for the patient to remain lying for an hour or so. The five per cent. solution of silver nitrate is most generally used, when a ten per cent. solution is injected it is commonly followed by more or less bleeding from the cauterized part, the weak solution can be used every second or even every day, while