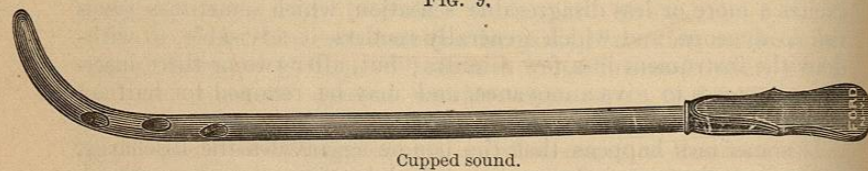


In old cases of gleet I have used the following mixture with very satisfactory results. A full-sized sound should be thoroughly smeared with the tenacious mass, then oiled and be passed as far as the membranous portion of the urethra, and allowed to remain for three minutes. The first effect is to increase the discharge, which, however, subsides in the course of a few days to a less quantity than before the application, when the process is to be repeated at intervals, until a cure is effected.

R. Cupri Sulphatis, ℥iiss 6
 Cerae Albae, ℥j 30
 Adipis, ℥iiss 6
 M.

Any ordinary sound will answer for the application, although one may be made especially adapted for the purpose with a number of cup-shaped depressions to hold the ointment, as represented in Fig. 9.

FIG. 9.

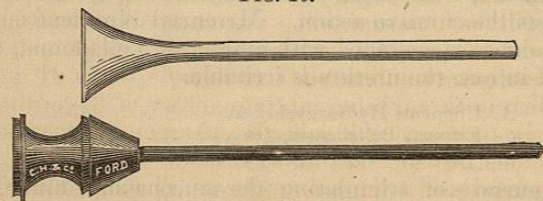


Cupped sound.

Another most excellent application is a mixture of tannin and glycerine in such proportions that, when cold, it will form a solid mass. The cups are filled with the mass, which is liquefied by the heat of the body.

The Endoscope.—It is a good rule to follow in learning the use of the Endoscope, as it is of the microscope, for the beginner to commence with the simplest instruments and afterwards add to his stock as his wants and his own experience dictate. All that is wanted for

FIG. 10.

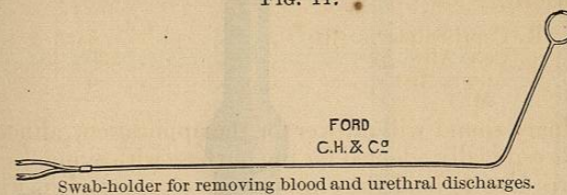


The upper figure represents the metallic endoscopic tube, which is blackened on the inside; the lower figure its conductor and handle to facilitate its introduction, made of hard rubber.

the examination of the urethra is a number of straight urethral tubes adapted to different sizes of the canal, and the necessary means of illumination. The tubes proposed by many different authors are all about the same and equally serviceable. Fig. 10 represents those of Grünfeld, one of the latest and most advanced writers on endoscopy. Cuts of the desirable accessory instruments, a swab-holder

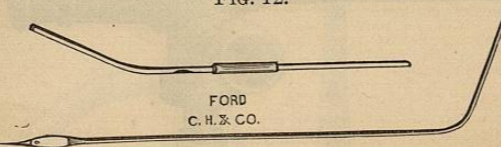
for removing blood and mucus, a pencil for the application of caustics or astringents, a powder-blower for the same purpose, forceps and scissors for the removal of urethral polypi, a larger bent tube with a glass window at the bend for the examination of the deeper parts of the canal and the bladder, are also given. These are enough and more than enough for the requirements of any one but a specialist.

FIG. 11.



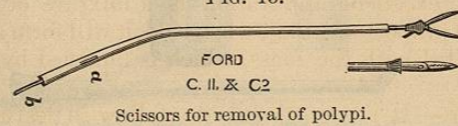
Swab-holder for removing blood and urethral discharges.

FIG. 12.



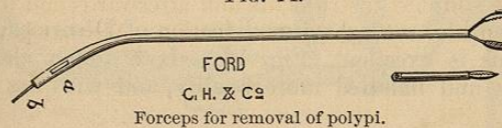
Blower for medicated powders, and pencil for application of caustic and astringent solutions.

FIG. 13.



Scissors for removal of polypi.

FIG. 14.



Forceps for removal of polypi.

For illumination, sunlight, when obtainable better than artificial light, is thrown in through the tubes by means of the ordinary frontal mirror. In the absence of sunlight, an argand burner or Tobold's condenser. Such instruments and such mode of illumination are all that are in general use at the present day. They are indeed in some respects superior to the older and more cumbrous ones, since they enable the observer to control the direction of the light, and detect lights and shadows marking not only pathological changes, but the openings of the ducts of urethral follicles, observed in this way for the first time by Grünfeld, whose valuable papers are recommended to the reader.¹

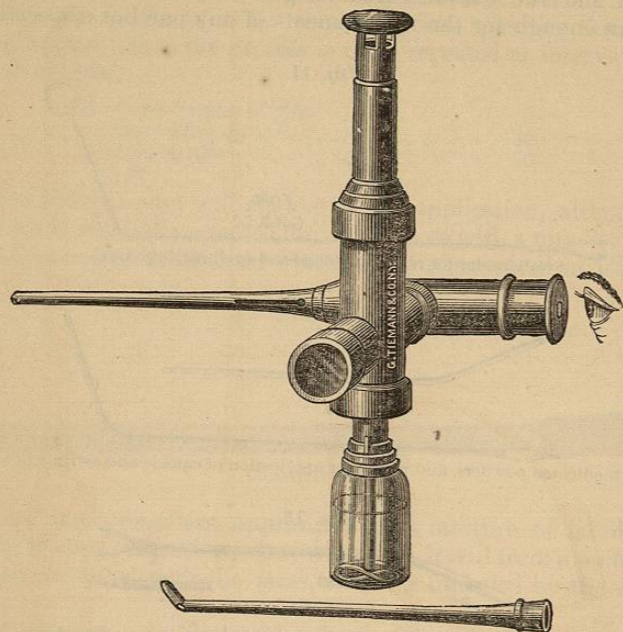
¹ Der Harnröhren-Spiegel, seine Anwendung; Wiener Klinik, Februar-März, 1877. See also Wiener med. Presse, Nos. 11 and 12, 1874; Die Endoscopie bei Stricturen der Urethra, Wiener med. Wochenschrift, No. 39, Sept. 25, 1875; Autoendoscopie der Urethra, Wiener med. Ztg., No. 36, 1875.

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Désormeaux's original instrument, represented in Fig. 15, is expensive and not easily handled. The same may be said of Cruise's, which affords rather a better light.

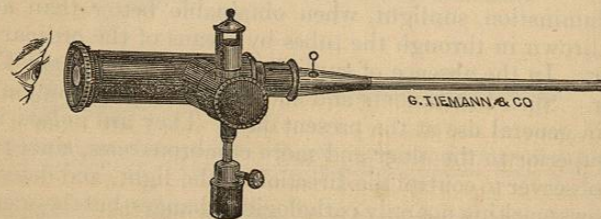
FIG. 15.



Désormeaux's endoscope. The lower tube, with a glass window at the commencement of the bent extremity, is intended for exploration of the bladder.

In the absence of sunlight a modification of Désormeaux's instrument by Denis is excellent, Fig. 16. It is much cheaper than Désormeaux's, and handled more readily, and with less discomfort to the patient.

FIG. 16.



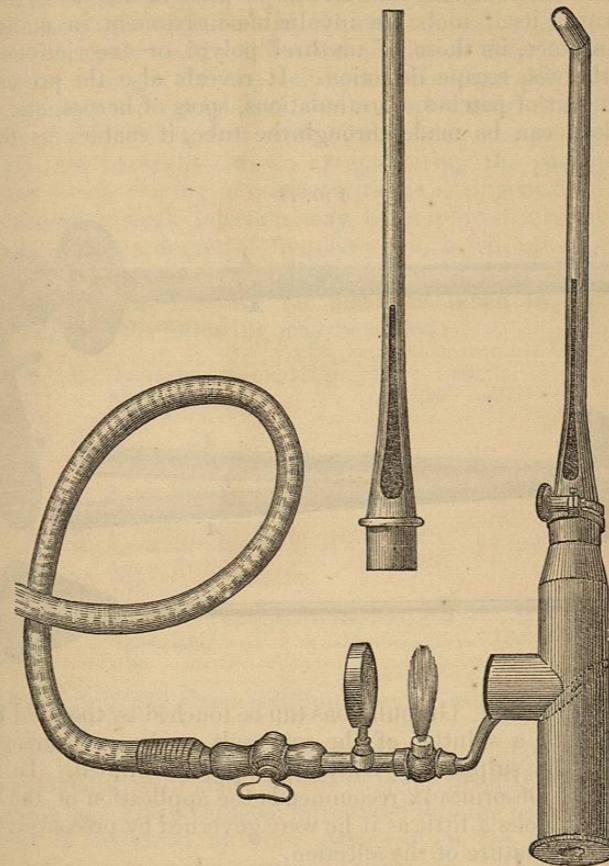
Désormeaux's endoscope, modified by Denis.

Mr. Cruise uses as a burning fluid a solution of camphor in kerosene, ten grains "or more" to the ounce. I use in Denis's instrument, one part of the best sperm oil and six parts of Pratt's Astral

oil, which, by the way, is an excellent compound to burn in the German student's lamp.

Fig. 17 represents an endoscope adapted to ordinary gaslight.

FIG. 17.



In addition to the foregoing, a new dilating urethroscope has been presented to the profession by Auspitz¹ (Fig. 18). The name of its eminent inventor is sufficient to lead us to anticipate from it the advantages which he claims it possesses.

Success in the use of the endoscope requires dexterity on the part of the surgeon, which can only be attained by practice. The patient's urethra should also be habituated to the use of instruments by the passage of sounds before an endoscopic examination is attempted, and this may require several preliminary sessions. The best position

¹ Vrtljschr. f. Dermat., Wien, 1879, s. 3.

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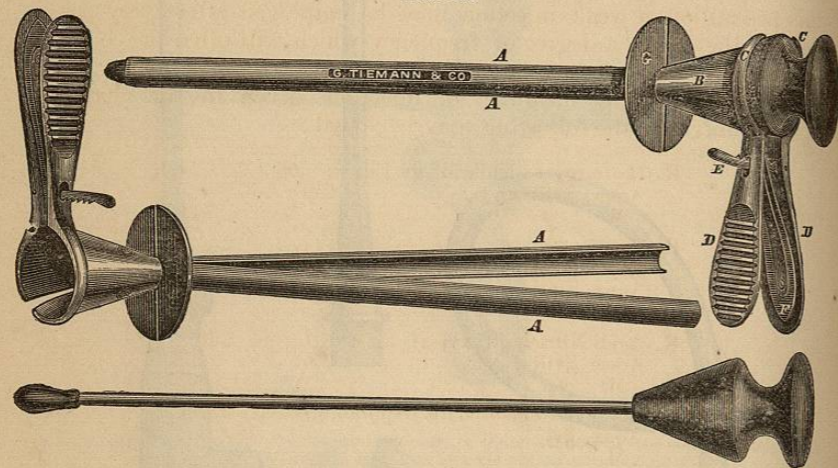
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to place him in is the horizontal, with the knees strongly flexed, and the tube should be introduced into the membranous or prostatic portion of the canal before the plug is withdrawn. Other portions are brought into view as the tube is drawn out.

It will readily be seen that for the purposes of diagnosis, the endoscope proves itself to be an invaluable instrument in many cases, as, for instance, in those of urethral polypi, or excoriations which might otherwise escape detection. It reveals also the presence and the exact seat of patches of granulations, spots of herpes, etc., and as applications can be made through the tube, it enables us to reach

FIG. 18.



these parts directly. Granulations can be touched by the solid nitrate of silver, with a solution of the same salt, or by any astringent in powder, as the sulphate of zinc, either pure or diluted. In herpes of the canal, Désormeaux recommends the application of the Oil of Cade, which looks a little as if he were governed by preconceived notions as to the nature of the affection.

There is every reason to believe that the urethroscope, as now improved, will be found of great value in the treatment of chronic urethral affections, but hitherto it has not supplanted other means of diagnosis and treatment, and cases of gleet still make their oft-repeated visits at the clinics of Désormeaux and other experts in the use of the endoscope.

Injections.—Injections have been so fully discussed in the preceding chapter, that little remains at present to be said of their composition, or the ordinary mode of their administration.

In gleet as in gonorrhœa, weak solutions of the acetate or sulphate of zinc (containing from two to three grains to the ounce of water) are in most instances to be preferred, and the injection should

be made to permeate the urethra as deeply as possible, in order that it may be applied to the whole extent of the affected surface, but care should be taken not to distend the canal with too much force, the sensations of the patient being the best indication when a sufficient amount has been employed. So far as inflammation of the testicle and prostate have any connection with the use of injections, I believe they are more frequently due to violent manipulation than to the irritant character or strength of the solution. Hence, injections should always be used with gentleness, while at the same time the canal should be entirely filled, that none of the folds into which the urethral walls are naturally thrown except during the passage of the urine, may escape coming in contact with the astringent fluid. With this precaution, a weak injection may be employed after every passage of the urine, a degree of frequency which will often prove successful when a less degree has failed.

In addition to the formulæ for injections given in the chapter upon gonorrhœa, the following may be added :

- | | | |
|--|-----|-------|
| R. Hydrargyri Bichloridi, gr. j | 06 | |
| Aquæ, ℥viii-xij | 250 | —375 |
| M. | | |
| R. Tannin, ℥ss | 2 | |
| Aluminis, ℥ij | 2 | 60 |
| Aquæ, ℥viii | 250 | |
| M. | | |
| R. Acidi Nitrici, gtt. xvj-xl | 1 | — 260 |
| Aquæ, ℥viii | 250 | |
| M. | | |
| R. Liq. Ferri Persulphatis (Squibb), ℥ss | 2 | |
| Aquæ, ℥vj | 180 | |
| M. | | |

The strength of the above solution may, in some instances, be increased.

Dr. Lordly,¹ of New York, recommends warm medicated injections, about three pints, made daily by the surgeon himself by means of a fountain-syringe, and a catheter introduced into the prostatic urethra. The water is medicated by some astringent, as the sulphocarbonate of zinc, not more than three grains to the ounce. The injection is to be followed by the insufflation of some astringent powder.

Ricord advises solutions containing iodine in scrofulous subjects, and although the injection of this mineral into the urethra cannot be supposed to affect the constitutional diathesis, yet it may exert a beneficial action upon the mucous membrane as when applied to the fauces.

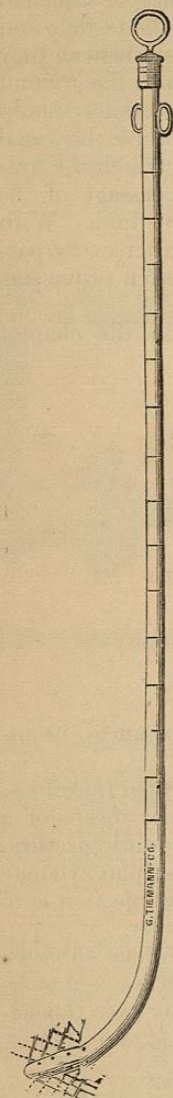
- | | | |
|---------------------------------------|-----|-----------|
| R. Tinct. Iodini, gtt. viij | 50 | |
| Aquæ, ℥viii | 250 | |
| M. | | (Ricord.) |
| R. Ferri Iodidi, gr. viij | 50 | |
| Aquæ, ℥viii | 250 | |
| M. | | (Ricord.) |

¹ Hospital Gaz., Feb. 15, 1878.

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I will here repeat a suggestion previously given, that the use of any medicated injection, and especially one containing insoluble ingredients, will prevent even a sound urethra from exhibiting its normal dryness. Without due caution, therefore, a patient may go on injecting long after his disease is cured. Hence, after the discharge has for some time been reduced to a very minute quantity, and especially if it appear to consist of little more than the insoluble deposit of the solution, the injection should be omitted for a few days, in order that the exact condition of the urethra may be determined; or again, it may be administered only once in the twenty-four hours, selecting for the purpose the early part of the day, and the appearance of the meatus the following morning will indicate what progress has been made towards a cure.

FIG. 19.



Dick's catheter syringe.

Deep Urethral Injections.—In the ordinary method of injecting the male urethra, it is difficult to make the fluid pass through the whole extent of the canal into the bladder. After a certain portion (about half an ounce) of the contents of the syringe has been injected, the remainder escapes above the piston, or, however tightly the glans may be compressed around the point of the instrument, flows from the meatus. The obstruction to the entrance of the fluid is due to the contraction of muscular fibres (the compressor urethrae muscle) which surround the membranous portion and serve as a sphincter to the urinary canal;¹ and this is the posterior limit of the application of the fluid to the urethral walls by the more common method of injecting. In order to reach the deeper portions of the canal which are involved in many cases of gleet, it becomes necessary to resort to injections through a catheter, or by means of the "urethral syringe with extra long pipe," manufactured by the American Hard Rubber Company, or with Tiemann's "universal syringe," which is provided with a catheter extremity.²

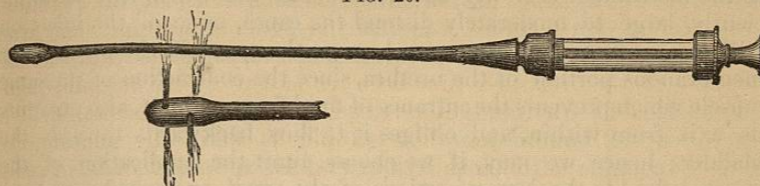
Mr. Dick and Mr. Erichsen recommended a catheter syringe, Fig. 19, for deep urethral injections; the piston consists of a sponge which will absorb about a quarter of a drachm of fluid, and this is expelled through minute openings whenever the stylet is thrust down.

Still better for use in the deeper parts of the canal is Guyon's injector (Fig. 20). It consists simply of an ordinary *bougie*

¹ See the section on the Anatomy of the Urethra in the chapter on stricture.
² This instrument will be found very useful in the treatment of venereal diseases, for instance in deep urethral injections, in injections into the nostrils and pharynx, etc.

à boule perforated by a minute canal which terminates near the point in several fine openings. The injection is made through it by means

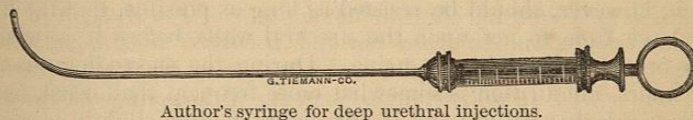
FIG. 20.



Guyon's injector.

of a common hypodermic syringe, provided with such a nozzle as will fit the bougie. The only objection to this instrument is the difficulty, in some cases, in introducing a flexible bulbous bougie beyond the triangular ligament.

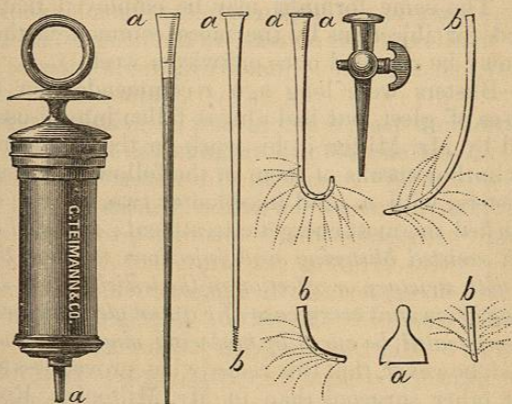
FIG. 21.



Author's syringe for deep urethral injections.

This objection is obviated in my own instrument, Fig. 21, which I have found to be well adapted for old cases of gleet, spermatorrhœa, etc.

FIG. 22.



Tiemann's "universal syringe."

The length of the urethra may be measured by introducing a catheter and marking the point in contact with the meatus when the urine first commences to flow; upon withdrawing the instrument the distance between its eye and the mark upon the stem will be the measurement required. On introducing the catheter-syringe for the

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