June 5th. Operation under ether by Dr. Blake. After a search of two hours without finding the round ligaments, the incisions were sewed up. It is probable that the round ligaments were removed in the laparotomy above referred to.

Patient made a normal convalescence, and was discharged to Convalescent Home, with recommendation that a ventro-fixation be done.

TREATMENT OF URETHRAL CHANCROIDS.

BY F. C. CLARK, M.D., PROVIDENCE, R. I.

No more obstinate and trying case presents itself to the surgeon, perhaps, than the chancroid of the male urethra. A chancroid is ordinarily a matter of so little moment, and the proper remedy so ready in every physician's office, that the cure of this disease seems almost child's play. But in the case of the urethral ulcer the destruction of the virus of the local sore is only a tithe of the work to be done; for it is then, and then only, that the real difficulty in the cure begins.

The authoritative works on the subject are so pessimistic in their views, or else so chary of giving advice which is generally *not well known*, that we can gain little or nothing from them. After consulting ten or a dozen reputable works on venereal diseases without finding hardly a hint of the proper course to be followed in all such cases, the writer was left to his own resources; and he fell on a plan which gave him surprising and gratifying results.

It is not our intention to enter into any discussion relative to the possibility or the impossibility of a soft chancre appearing in any and every part of the male urethra. Suffice it to say that it must at least be seen to be diagnosed. In one of the two cases under examination the ulcers appeared wholly within the urethra; in the other, an ulcer first appeared near the inner edge of the meatus, and then others within the urethra, due to reinoculation—none were visible beyond an inch from the meatus. The age of each patient is of no interest to us; neither is his condition nor color. They were strong, healthy males. Both, part of the time, were under treatment together. The second case had the advantage of the first, so that the two were pronounced well within a few hours of each other. The extension of the disease in the second case undoubtedly delayed his cure; for as many as fifteen or twenty new ulcers appeared during treatment, due to reinoculation, which had to be retouched with caustic.

In the treatment of this particular local sore, as in others, two axioms, we might say, should be followed: one the absolute destruction of the virus; the other the healing of the sore.

A few words only will detain us on the first point. The only difficulty experienced here will be in getting at the sore. When the chancroid is situated from a half to a full inch from the meatus, this is not so easy a matter. The urethra must, therefore, be distended to that point. A Toynbee's ear speculum will do it, or any ear speculum; or a pair of dressing-forceps, well oiled and insinuated into the urethra and then the blades carefully spread apart as far as may be necessary, is as good as the best meatoscope. In a person of a sensitive organization the instrument used may be rubbed with an ointment of cocaine (four per cent.).

In this way one may be enabled to touch each sore thoroughly, and destroy the virus on one application. Don't tamper with the disease. Use strong nitric acid. A small pointed strip of asbestos, or a piece of lint or cotton fixed on the end of a silver probe, or a pointed sliver of wood (like a match), dipped in the acid and applied to every part, will answer.

Now, having destroyed the poison, every encouragement must be given to the healing process, to prevent reinoculations, and thus spare the patient additional, and oftentimes, unnecessary pain. The disease must now be treated like any ulcer of the urethra, not venereal. It is now a matter of pure surgery; and it lies wholly within the power of a surgeon to relieve the trouble or to stumble along in the dark to his own disgust and the patient's disappearance.

In any operation within the male urethra it is the desire and aim of the surgeon to keep the wounded or cut surfaces of the canal apart—for two reasons, namely, to favor healing and to prevent narrowing of this canal. The same is true in cases of urethral chancroid. The diseased surfaces in the latter case, for like reasons, are kept apart, and also for the purpose of preventing future reinoculation, should any virus be left or any sore at first escape notice. Otherwise, by continual reinoculations the cure will be greatly retarded.

A hundred methods may be employed to keep the diseased surfaces well separated. Whatever is used the principle remains the same. The writer employed pledgets of absorbent cotton (lint or any other soft and pliant material may be used) smeared with petroleum jelly. When a stimulating ointment was desired, a mild ointment of red oxide of mercury was used, in the proportion of one part of the official ointment to seven of lard or of simple cerate. When the patient wished to pass his water, the cotton was withdrawn and a short piece of a gum catheter (say No. 8 or No. 10 Eng.), long enough to reach beyond the diseased portion of the urethra, and well smoothed at the cut end and well oiled, was introduced. In this way the tender surface would not be torn by the passage of the urine. After every urination a fresh piece of cotton, treated as before, was introduced. In every case the temporary catheter must be well cleansed, and disinfected if possible. Strict cleanliness of person, instruments and appliances was enjoined. All old dressings (if any are used) should be burned up.

Instead of this alternate use of the pledget of cotton and of the catheter, perhaps some advantage in the treatment of such cases might be gained by leaving a short catheter in the urethra until a cure is effected. In this case the catheter should be removed and another introduced, or if only one is employed the urethra protected while the patient cleanses the instrument before its reintroduction. Catheters of light weight are to be preferred, especially if to be retained in the urethra during treatment. After the disease disappears, the gum catheter should be burned. As the writer had but two cases, the permanent use of the catheter could not be tried. Should he have another case, he might try it.

The best topical application besides the stimulating ointment of mercury is one of a liquid character, and which can be used by means of a syringe. Their number is almost legion. The writer employed both the black and yellow washes (lotio nigra and lotio flava); but they did not seem to have any advantage over the red

oxide of mercury. Such washes may be applied two or three times a day, and diluted to suit each case. Zinc, lead and copper salts may do good.

However, whatever treatment is followed, that which is simplest, neatest, and gives the most comfort to the patient — is most in accordance with common-sense — is the ideal one, and should be selected in preference to putting into practice any pet theory by which nothing additional is gained.

NOTE ON THE BROMIDE OF ETHYL.¹

BY CHARLES GREENE CUMSTON, B.M.S., M.D.

BROMIDE of ethyl or hydro-bromic ether, was discovered in 1828 by Serullas, the formula being $C^2 H^5 Br$. It is most important not to employ the bromide of ethylene, a very toxic substance, only slightly volatile and a bad anesthetic. Bromide of ethyl is a very volatile liquid, its boiling-point being $40.7^\circ C$. It burns with difficulty. Its density is 1.40.

When fit for administration the liquid should have the following properties: (1) It must be extremely volatile; when poured on the hand, it should evaporate completely and rapidly without leaving any deposit. (2) It must be colorless; if it is yellowish, this signifies that it is decomposed and that a little bromine is set free, which would irritate the respiratory system. (3) Its odor must be sweet and ethereal.

The purity of the drug depends (1) on the manner of its preparation, and (2) on the manner of preservation. The only correct manner of preparing it is by decomposing alcohol of wine by sulphuric acid in presence of bromide of potassium, and afterwards rectifying it by distillation on oil of sweet almonds. Light, dampness, contact of air decompose it. It should be kept in tubes hermetically closed by a flame.

PHYSIOLOGICAL ACTION.

The studies of Dastre have proven that bromide of ethyl is adapted for use in the human subject. Narcosis by this drug is similar to that of chloroform. Both act on the brain, then on the medulla, and lastly on the bulb. Chloroform chemically irritates each centre before it paralyzes them; bromide of ethyl acts directly, there being consequently no excitement and no laryngeal reflex to be feared. Still more, it is a vaso-dilator; it produces congestion of the head, and thus no syncope is to be feared; at the same time, this permits of the sitting posture of the patient, so necessary in certain operations on the throat.

MODE OF ADMINISTRATION.

The dose of bromide of ethyl varies according to the age of the patient. In children from two to ten years, I employ from 12 to 15 grammes; for children over twelve and adults, from 15 to 25 grammes is to be given, according to the constitution of the subject. The patient should be instructed emphatically to take nothing to eat, not even a glass of milk on the morning of the operation. The mask should cover the mouth and nose perfectly, and no air be allowed to enter; and on this point I insist. The entire dose should be given at once. Twenty to thirty seconds is sufficient to obtain sleep, and the operator should be in readiness to commence as soon as narcosis is com-

plete. The insensibility lasts from two to three minutes, sometimes a little longer. When narcosis is complete, the mask is removed; and under no consideration should it be again applied. Patients coming out of the narcosis are usually calm. They slowly open their eyes and speak coherently, remembering nothing of what passed. The patients are up on their feet in a few minutes perfectly well.

I have given or have had bromide of ethyl given under my supervision some two hundred times. At the Boston Dispensary I employed it in the surgical service of Dr. E. O. Otis in some ten cases, and have given it in private practice at my office three times since my return to Boston. Some deaths have been reported; but if my methods of administration are followed, I feel sure that no accident can occur.

USES OF THE BROMIDE OF ETHYL.

It may be said at once, that all short minor operations can be done during narcosis with this drug. I have several times dilated the sphincter ani for fissure, with complete success. Superficial tubercular glands can be removed, abscesses opened, etc. In a case of mammary abscess of considerable extent, that I operated on a year ago, I was not only able to make a deep incision, but used the curette freely, the patient being entirely unconscious of the painful operation. Narcosis with this drug is particularly good when examination of the pelvic organs is to be made or a pessary introduced, for there is complete relaxation of the abdominal muscles, thus permitting an easy palpation. I could enumerate many other cases in which I have employed the bromide of ethyl but I think the above will suffice to show what may be accomplished with it.

In closing, let me add that no disagreeable odor remains in the room, and the patient is able to enjoy his breakfast without nausea or headache. I would formulate the following rules as to the administration of this useful anesthetic:

- (1) Bromide of ethyl should be carefully distinguished from the bromide of ethylene.
- (2) Only employ a pure, and, if possible, a freshly prepared bromide of ethyl.
- (3) Only give the drug *en masse*, as some patients have died by giving small and continued doses.
- (4) Do not prolong the administration over *one minute*.
- (5) Once the mask is removed and the operation begun, do not apply it again.
- (6) The contra-indications are dangerous lesions of the heart and lungs, as well as of the kidneys.

Clinical Department.

A REVIEW OF A SUMMER'S WORK IN THE GYNECOLOGICAL SERVICE OF THE BOSTON CITY HOSPITAL.

BY E. P. STARBIRD.

This paper is written as an adjunct to the cases reported by Dr. Blake. It is not intended to discuss any special lines of cases at length, my object being merely to outline in a very general way the material which has presented itself for treatment. Special cases of interest will be briefly mentioned.

Owing to the limited number of beds, and the de-

¹ Read, by invitation, before the Obstetrical Society of Boston, October 13, 1894.