Clinical Department.

URETHRAL CHANCRE.

BY I. J. WALKER, M.D., BOSTON.

THE case reported below is interesting from the point of view of diagnosis, also because of the fact that it appeared while the patient was being treated for another lesion of the urethra:

CASE. January 7, 1913, L. R., male, single, age 26. Born in Canada.

F. H. Negative.

P. H. Children's diseases. Pneumonia in June, 1910. Gonorrhea contracted one year ago, the discharge of which has never ceased.

P. I. Comes for treatment of urethral discharge which is seen only in the morning.

P. E. Negative except for examination of genitalia. Meatus slightly reddened and moist. Prostate slightly enlarged on right but not tender. Both urines clear with few shreds.

The patient was given treatment for chronic anterior and posterior urethritis with prostatic infection.

Feb. 10, 1913, patient at visit complained of hard area on underside of penis also of intense burning micturition. Examination showed an indurated area oval in shape on floor of the urethra about one inch from meatus. No enlargement of inguinal glands. On questioning the patient the latter said that five days before on the advice of a friend he had used a urethral injection of strong sulpho naphthol. Immediately after this he experienced severe pain along the course of the urethra which lasted several hours. Later on urinating, he passed some blood and several shreds some an inch in length. The latter undoubtedly were parts of the urethral lining. The following day he had difficulty in urinating because of pain and for the first time noticed the hard area described.

The induration was interpreted as being due to inflammatory tissue. All local treatment was stopped for the time being. The patient acknowledged exposure to venereal disease several times during the last two months.

Two weeks later the patient developed a well-marked secondary rash of syphilis. Wassermann reaction was positive. On Feb. 28, 1913, the patient was given .9 gm. of neosalvarsan intravenously. Two similar doses were given at three-week intervals. The rash had disappeared on March 20. The indurated area gradually diminished in size following the first injection of neosalvarsan and had entirely disappeared by April 25. Since then the patient has been on mercurial treatment.

Urethral chancre, while not common, has been reported by Baye, March, Whitney, and many others. Tanton (*Le Progrès Médical*, Paris, 1910, vol. xxvi, pp. 607 and 619) reviews the subject thoroughly and adds a most complete bibliography.

New Instrument.

BONE DRILLING AND BONE PLATING SET.

BY LOUIS A. O. GODDU, M.D., BOSTON.

From the Clinic of the Orthopedic Department of the Massachusetts General Hospital.

IN presenting the following set of instruments the writer appreciates the fact that he does not bring to notice anything surprisingly novel in the device, but varies only in its application. It has always occurred to him that our measures, for drilling holes in bone were, either too complicated, or in some way inadequate for a great many cases. For instance, in the common twist drill we have always to deal with the problem of small gears, also that the drill was not at all times under the immediate control of the surgeon. This perfect control of the drill, it must be conceded, is a thing to be greatly desired.

The accompanying illustration shows the set of drills that has been used by the writer, and some of his associates at the Massachusetts General Hospital, and it seems that the results of their use justify this description and advocating their use.

The drill, as the picture shows is a modification of the common reamer used by machinists. It is triangular in shape, and has a sharp cutting edge at each of its three corners; the points are made especially sharp and abrupt to give strength combined with a cutting edge. It is made of hard tool steel, and capable of penetrating the hard corticle bone which is sometimes met with.

The shank portion of the drill is half round, with the flat surface corrugated so that the thumb screw can set at the desired position of length. This shank can be set in the hole bored in the handle for a short or long drill as desired. The object of this is to meet the different requirements of cases, that is whether the bone is near the surface or a distance from it, the drilling being done with greater ease if the hand is free from surrounding tissue.

The handle is of solid steel with a hole bored in it almost to the top, this is for adjustment as mentioned above. As it is practically solid it is somewhat heavy, but not too much so, just enough to be handled easily and to add weight to the drilling force materially. The thumb screw is purposely large and flat, that it can readily be handled with sterile gloves, also that it gives a point of support for the index finger during drilling.

In the bone plating the shank with the screw-driver is adjusted to same handle. Thus, a bone plate is put in position, the drill makes the hole after which, the drill is left in position and handle removed. The screw-driver is set in the handle, the drill taken out of the bone then the screw is inserted in the hole, and the screw-driver drives it tight.