

figure. Over the top of the mirror a view of the field is obtained, and instruments may be passed down into the tubes. A lens may be inserted at *b* for myopic or hypermetropic individuals.

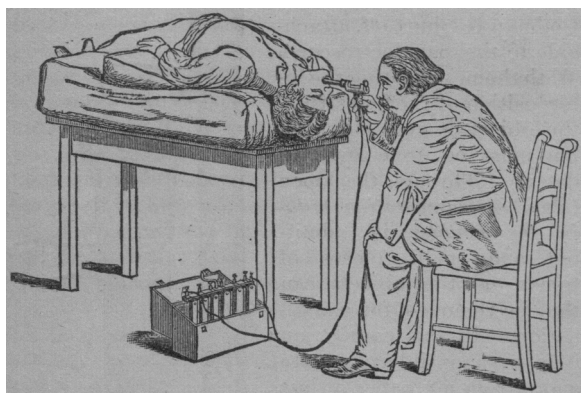


FIG. 5.

The importance of these instruments lies in the fact that from their simple construction and practicality a closer knowledge of the physiological and pathological conditions of the bladder may be readily obtained.

I have already had the pleasure of twice diagnosing a tumor of the bladder, once for Dr. M. H. Richardson, and again for Dr. C. B. Porter, both of the Massachusetts General Hospital. It is no exaggeration to say that the growth could be seen as plainly as a section under the microscope, and there seems to be now nothing in the way of bringing these hitherto obscure cases to rational and intelligent treatment.

Who is not familiar with that type of intractable bladder disease, where with symptoms of stone, tumor, foreign body, tuberculosis, or other cause of cystitis, all manner of examination still fails to reveal its true

nature, and it is either necessary to undertake a serious operative measure, or, eventually, in case of fatal termination, to plead for an autopsy before a correct diagnosis is made possible.

In the use of these instruments, success aside from practical manipulation depends upon carefully preparing the bladder through rest and irrigation so as to remove the only hindrance to a clear view of the bladder-wall, a fluid made cloudy by hæmorrhage, mucus or other cause. If, during the examination, bleeding is too persistent to admit of clear vision, it is necessary to wait a day or two until the viscus is in better condition for manipulation. The use of cocaine in the urethra is advisable when the examination is not made under anæsthesia. The normal bladder offers a very instructive and beautiful view, and for practice the artificial bladder made of metal by Leiter is very useful.

### CASES OF URETHRAL ENDOSCOPY.<sup>1</sup>

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IN connection with Dr. Newell's exhibition of the electric light, as applied to his endoscopes, the report of a few cases of urethral endoscopy may be of interest, although it is too early to give the final results. The cases have been treated at the Boston Dispensary, and the endoscopes used are those designed by Dr. Klotz, of New York, and described by him in a very interesting article, which appeared in the *New York Medical Journal* (November 27, 1886), very soon after Dr. Newell showed his endoscopes at the meeting of this Society a year ago. These endoscopes are made of coin-silver, which allows of their being very thin and light, and are less affected by the solutions used in treatment. To the distal end is attached a disc, faced with unpolished gutta-percha, to prevent the reflection of light, and large enough to keep a redundant prepuce out of the way when the endoscope is pushed in deeply.

The light used in these cases is furnished by an Argand gas-burner, intensified by means of a lens, and reflected into the urethra from a head-mirror. The patients have been examined standing. In treatment, nitrate of silver alone has thus far been used, in solutions of one, two, and three per cent., applied by means of a cotton tampon on the end of a wire. I have not yet examined the membranous or prostatic urethra. Of the various appearances described by Dr. Klotz, I have yet seen only congestion of different degrees, with an occasional granular appearance, œdematous swelling of the mucous membrane, rigidity of the urethral walls at the seat of strictures of large calibre, and, in one case, dark spots, which probably showed a higher degree of inflammation about the lacunæ of Morgagni; also, occasionally, dilated capillaries in the bulbous portion.

The results here reported are by no means remarkable; but, considering the short time covered by the treatment, the lack of experience, and an imperfect light, they seem encouraging enough to warrant a continuance of the practice, with such improvements in method as may be developed. The patients have all expressed themselves as feeling better than under any

<sup>1</sup> Read before the Massachusetts Medical Society, Suffolk District, October 29, 1887.

other treatment, even when the improvement has apparently been slow.

CASE I. S. R., aged twenty-three, had gonorrhœa five years ago, and has had an almost constant urethral discharge ever since. He has been treated quite steadily for nearly two years with injections, irrigations, sounds, etc. On August 4th, he was examined with the endoscope. The mucous membrane of the urethra was found to be congested, especially in the bulbous portion, where a network of capillary vessels was visible, and in the middle of the spongy portion, where there were granular patches of a deep-red color, and where a marked rigidity of the mucous membrane was noticeable at two or three points. A one per cent. solution of nitrate of silver was applied. This treatment was repeated twice a week until August 30th, with steady diminution of the discharge, and improvement in the appearance of the mucous membrane; but suddenly, without apparent cause, the discharge increased in amount, although thin and watery, and treatment was suspended until September 20th, when the endoscope showed considerable congestion, less, however, than when first examined. After this, the treatment was less frequent and regular, but improvement continued. The strength of the solution applied was increased to two, and later, to three per cent.

October 27th. What little discharge there is, is of the sticky nature of prostatic secretion. Endoscopic examination shows diminished congestion throughout. In the middle portion, the mucous membrane is still quite rigid, although much less so than at first. In place of the granular patches, reddish-brown spots, the size of a large pin-head, are to be seen.

CASE II. C. S., aged thirty-three, had gonorrhœa eight years ago, and again three years ago; since this last attack, there has been a constant discharge. Within the last year, he has had two attacks of inflammation at the neck of the bladder, the last one, in June, very severe; and, on August 23d, when the endoscope was first used, the effects were still noticeable in a slightly increased frequency of, and straining after, micturition. The mucous membrane, at the first examination, appeared deeply congested, especially in the bulbous portion, and the anterior half of the penile urethra; in the middle portion, it was swollen, granular, and rigid. It was touched with a one per cent. silver solution, which was subsequently changed, as in the first case, to two, and then to three per cent. This treatment was continued six weeks, about twice a week, with relief of the urinary symptoms, and gradual improvement in the appearance of the mucous membrane.

October 6th. The patient was examined for stricture, and one was detected with a bougie à boule No. 31 (French scale), but it easily admitted a 33. The size of this stricture, on June 7th, was 27, and no instrument larger than 27 had been passed through it since, or at that time.

Improvement continued, although very slow, the meatus being sometimes perfectly dry, and sometimes showing a slight discharge. A relapse of the urinary symptoms was relieved by a deep injection of nitrate of silver, and at present, the mucous membrane, although considerably congested for the space of about two inches in the middle portion, no longer has the livid hue which it had at first, and the rigidity of the urethral walls is very much diminished.

CASE III. F. C., aged twenty-eight, first had gonorrhœa ten years ago, has had many fresh attacks and exacerbations since, and has had a constant discharge for more than a year.

August 25th. The endoscope revealed a congested condition, especially of the middle portion of the urethra, which was painted with a one per cent. solution of nitrate of silver, and, five days later, already looked better.

September 3d. The patient reported himself as entirely free from discharge for the first time in a year.

October 22d. He returned with a slight discharge. The condition of the mucous membrane was about the same as when last seen. It was touched with a two per cent. silver solution.

CASE IV. E. M., aged nineteen, has had a chronic urethral discharge for nearly a year. The urethra was examined with the endoscope, September 13th, and the mucous membrane found to be quite deeply congested in the middle portion, where it was also rigid and sensitive to the touch. The one per cent. solution was applied, and, at the third visit, the discharge had stopped, the local condition was found improved, and the patient said he was better than he had been for six months. The improvement has not continued uninterrupted. At times, generally after nocturnal emissions or other sexual excitement, there has been a little discharge, and a slightly increased degree of congestion has been noted, but, on the whole, he is doing well. At present, the discharge is almost imperceptible, and the urethra looks much healthier than it did six weeks ago.

CASE V. W. C., aged nineteen, had gonorrhœa nine months ago, but has had no discharge for four months. He has a stricture, which has been dilated to 28.

September 15th. He complained only of vague sensations in the penis, and the endoscope showed a moderate degree of congestion at a point just anterior to the bulbous portion. This was touched with the silver solution, and the treatment repeated every four or five days, the endoscope showing a gradual improvement in the local condition. The patient says he is better than at any time since the beginning of his trouble. The mucous membrane now appears almost normal, and he is practically well.

## REPORT ON DERMATOLOGY.

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### MYCOSIS FONGOIDE.

THE evidence collected during the past two years with regard to mycosis fongoide has gone to show<sup>1</sup> that there are no specific microorganisms which bear an etiological relation to the development of its cutaneous lesions, and that the streptococci mentioned by Rindfleisch and Hammer in this connection, are in reality those belonging to septicæmic processes, while those described by Auspitz and his assistants are merely accidental and such as might be found in any so favorable a culture medium as fungous tumors, deprived of epidermis.

<sup>1</sup> Vide Dermatological Report in this Journal of May 12, 1887.