by 2 in. (5 cm.) at its greatest width. It was attached by its narrower extremity to the costal aspect of the vertebral border. The wider end bore rounded facets indicating the points of contact with the ribs.

The pathological report stated that the specimen consisted of normal compact and cancellous bone, covered by a layer of hyaline cartilage at its wider end, and without any evidence of haemopoiesis or malignancy.

The post-operative recovery was uneventful, a full range of painless movement, together with disappearance of the "winging" of the scapula, being obtained in eight weeks.

COMMENT

In only two cases of the present collected series of 26 instances of exostosis of the scapula were the exostoses found to be present at a site other than the medial angle or vertebral border. Du Mortier and Halpert (1934) believed the exostosis to grow from an accessory centre of ossification, but Lunardi (1934) thought it to be due to an overgrowth of the epiphysis of the vertebral border.

Treatment consisted in excision of the exostosis as close to the scapula as possible, and sometimes a portion of the scapula may need to be resected with it. The results of operation appear to be uniformly good, and even in cases in which winging has been present for many years, as in the case here described, correction of the deformity and return of full function is the rule.

I wish to thank Mr. G. Hyman, under whose care this case was admitted and who performed the operation, for permission to publish and for encouragement and advice; and Dr. R. A. Garson, assistant pathologist to the Halifax Group of Hospitals, for his examination of the specimen.

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Topical Analgesia for the Urethra

Topical analgesia for urethral instrumentation has been practised for many years, during which time cocaine and a large number of synthetic derivatives have been tried with varying results. All of these drugs have a small but undeniable mortality risk from toxic absorption. The blame for this must be attributed to the operator who, with complacent disregard for the risks, instils the drug into the urethra. Although cocaine has fallen into disrepute for nerve blocks or infiltration techniques, it still retains an important place as a topical agent, and if due regard is paid to the maximum dose it is as safe and efficient as its synthetic rivals.

Only too frequently are local analgesic drugs used with unwarranted abandon; and since, in efforts to produce perfect analgesia, the solution is instilled too liberally, accidents still occur. Recently a preparation, "xylocaine gel" containing xylocaine (lignocaine hydrochloride) 2% w/v, has appeared on the market, supplied in 15-ml. tubes for urethral application. The total quantity of xylocaine in any one pack amounts to 300 mg., and, just as it is impossible to empty a tube of toothpaste completely, so also will the amount of xylocaine which can be administered be appreciably less than the total dose available. With such a packing, some protection is offered against overdosage.

The efficiency of 2% xylocaine solution in providing good topical analgesia for the urethra has been attested by many workers. In a series of more than 800 cases Persky and Davis (1953) limited their dose to 10 ml. and reported good results with only one doubtful toxic reaction, while Haines and Grabstald (1949) observed no untoward effects in 250 cases. The results obtained with xylocaine gel

appear to have been equally good (Romanus, 1951; Nesbitt and Baum, 1952).

I have now administered xylocaine gel to 150 patients, ranging in age from 16 to 84 years, for a variety of per-urethral instrumentations with good results and no toxic reactions.

TECHNIQUE

Males.—The bakelite nozzle (supplied in each package and sterilizable by boiling) is screwed on the end of the tube of gel and a small amount is squeezed beyond the tip to lubricate the nozzle. The penis is cleaned in the usual fashion and the nozzle inserted into the meatus. The contents of the tube are then expressed gently into the urethra. As the nozzle is removed, the penis is compressed with a penile clamp or rubber band to prevent leakage. The gel is massaged gently into the posterior urethra and 10 to 15 minutes are allowed to elapse before proceeding with the operation.

Females.—A throat swab with enough wool to cover the terminal 1 to 1½ in. (2.5 to 3.8 cm.) is dipped in xylocaine gel which has been expressed into a dish. The genitals are cleaned, and the prepared swab is inserted into the urethra and kept there for 10 minutes.

RESULTS

The methods described have been used on 100 males and 50 females for cystoscopy, retrograde pyelography, passage of sounds, and a few cases of simple cystodiatheirmy.

Males.—In the male group the directions given must be followed with care. In most cases good surface analgesia was provided, but this in itself does not suffice where a narrow urethra has to be stretched, causing sensations of deep pressure. A stricture, an enlarged prostate, and a contracted urogenital diaphragm all provide obstructions to the passage of an instrument, and are therefore causes of discomfort. When the urethra is essentially normal a good result can be expected. The result was satisfactory in 89 out of 100 cases.

Females.—Commonly no analgesia is used for cystoscopy in the female, but there is no doubt that discomfort is caused by the passage of a rigid instrument whose position is constantly changing. Most of the females in this series had previously been catheterized in the ward; the majority volunteered that cystoscopy with xylocaine gel was no more unpleasant than the simpler ward procedure carried out without analgesia. The result was satisfactory in 48 cases and unsatisfactory in 2; one of the latter had a large neoplasm encroaching on the internal meatus, and the other was a nervous girl of 16, for whom any form of local analgesia would have been unsuitable.

The method is not recommended as a general rule for cystodiatheirmy, as the pain from this is not abolished by topical analgesia of the urethra. However, where it has been necessary merely to fulgurate one or two seedling papillomata on the fundus of the bladder, many patients have found the procedure quite tolerable.

The advantages of topical analgesia for urethral instrumentation include the simplicity of the method, the lack of general disturbance to the patient, and the retention of consciousness, which allows a supervising nurse to be dispensed with, as, for example, when retrograde catheterization is being carried out in the x-ray department.

Toxic Reactions.—Although no toxic reactions were seen in this series a second type of reaction was encountered in a man who complained of nausea and faintness when the gel was injected too rapidly, causing localized distension of the urethra. This reaction, although not dangerous, may cause considerable distress to the patient.

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