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XYLOCaine: A NEW TOPICAL ANESTHETIC IN UROLOGY

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Several months ago the urology service at this hospital began to investigate a

new anesthetic drug. This new drug called Xylocaine (diethylamino-2,6
diethylacetanilide) was first described by Löfgren and Lundquist of Sweden and

its pharmacological properties were studied by Goldberg, who compared it with

procaine and tetracaine as to toxicity, action on blood pressure, anesthetic quali­

ties, including its use as a topical anesthetic, and local irritant action. He con­

cluded that Xylocaine showed high degrees of anesthetic potency both for

surface and infiltration purposes and that it displayed a combination of phar­

macological properties which strongly urged its use for clinical purposes.

Of the many qualities desirable in an anesthetic, including low toxicity and

effective interruption of painful stimuli, rapidity of action is especially impor­

tant to the urologist who would prefer to be able to do cystoscopy without having

to wait for long periods of time, while an anesthetic agent is taking effect. We

believe that Xylocaine has these favorable attributes.

We have used Xylocaine in a 2 per cent solution as a topical anesthetic for

transurethral procedures varying from mere passage of sounds to cystoscopy

with extensive fulguration of bladder papillomas. Our results have been highly

satisfactory and we have noted no untoward reactions. Approximately 10 cc

are used for each cystoscopy except in females in whom Xylocaine soaked ap­

plier or sticks have been successfully used. It is extremely difficult to evaluate an

anesthetic agent in cystoscopy wherein so much depends upon subjective dif­

ferences as well as upon the technique and skill of the operator. In our series of

250 cases, we have made a special point of including those patients who had

had previous cystoscopy either at this hospital or elsewhere when Xylocaine

was not used. Almost without exception, these patients have expressed a defi­
nite preference for the procedure in which Xylocaine was used. In many in­
stances the same operator had occasion to examine these patients with and with­

out the benefit of Xylocaine and the results were rather decisive in favor of this

agent.

Several cases in our series are worthy of mention. One 75 year old physician

who had had recurrent bladder papillomas fulgurated at regular intervals under

spinal anesthesia entered the hospital for treatment and refused spinal on this

occasion. Highly satisfactory anesthesia was obtained using Xylocaine and ap­

proximately 15 bladder papillomas were fulgurated successfully. Two veterans

who had suffered straddle injuries and ruptured urethras during the war have

been coming to this hospital at regular intervals for urethral dilatations for

several years. These men have both reported a definite difference and improve­

ment following use of Xylocaine.

1 The Xylocaine used in this study was furnished by Mr. Erik Bjaringer of the Astra

Pharmaceutical Products.
Without exception definite subjective differences have been noted in those in whom cystoscopy is done with Xylocaine on one occasion and with other topical anesthetics on others.

Several months ago under the Section titled Queries and Minor Notes in the Journal of the American Medical Association a physician reported on the use of “Zylcaine” in local anesthesia. This product is stated “to contain in each cc procaine base, 0.075 gm.; Butyl amino benzoate, 0.3 gm.; and benzyl alcohol, 0.25 gm., dissolved in peanut oil.” This material is a long lasting anesthetic which has apparently produced some local untoward reactions. This agent is not the one described in this paper. The similarities in names justifies this brief comment.

SUMMARY

Xylocaine, a new topical anesthetic, has been used in some 250 cystoscopies without untoward results and with good, rapid anesthesia. Further clinical trial is warranted.

REFERENCES

