CHAPTER IV.

PHIMOSIS.

The term Phimosis is applied to that condition of the penis, in which it is impossible to retract the prepuce behind the glans. It may be either congenital or accidental.

Congenital Phimosis.—In the majority of cases phimosis is a congenital malformation, due to unnatural narrowness of the preputial orifice, and may be associated with adhesions varying in position and extent between the glans and its covering. A remarkable instance of this kind is recorded in the Surgical Register of the N. Y. Hospital: Joseph Smith, of Prussia, aged 49, was admitted into this institution, Oct. 19, 1832, with congenital phimosis. Dr. Stevens removed the free portion of the prepuce, which was found to be attached to the margin of the meatus instead of the base of the glans, and formed a tubular prolongation of the urethra nearly an inch in length.

Congenital phimosis is a source not only of great inconvenience to the subject of it, but of increased exposure to venereal diseases in promiscuous intercourse, and is sometimes the cause of serious disturbance in the genito-urinary and nervous systems.

Mr. Jonathan Hutchinson[1] has shown by statistics that syphilis is much less common among Jews than among Christians, probably on account of the practice of circumcision among the former. At the Metropolitan Free Hospital, situated in the Jews' quarter, London, in 1854, the proportion of Jews to Christians among the out-patients was nearly one to three; yet the ratio of cases of syphilis in the former to those in the latter was only one to fifteen; and that this difference was not due to their superior chastity was evident from the fact that the Jews furnished nearly half the cases of gonorrhœa that were treated during the same period. Mr. Hutchinson's observations also lead him to believe that hereditary syphilis is much rarer among the children of Jews than Christians, and the experience of most surgeons will confirm the fact that persons with a long prepuce, and especially those affected with congenital phimosis, are peculiarly subject to venereal diseases.

The size of the preputial orifice in congenital phimosis varies in different cases. In some, it is large enough to permit of the partial exposure of the glans, and the removal of the natural secretions of the part, at least with the assistance of a syringe and injections of warm water; while, in others, it is so contracted that it is difficult, or even impossible to uncover the meatus; whence it happens that

[1] Med. Times and Gaz., Lond., Dec. 1, 1855.

the entrance of the urine at each act of micturition beneath the prepuce, and the collection of sebaceous matter maintain a constant state of irritation and even chronic inflammation, to which most of the adhesions met with between the opposed surfaces are undoubtedly attributable.

Daily observation proves that congenital phimosis is not inconsistent with a state of perfect health; and yet, when we reflect upon the sympathy existing between different portions of the genito-urinary apparatus, and between the latter and other organs, we might reasonably expect to meet with at least occasional instances in which irritation of the head of the penis, due to this cause, gives rise to disturbance in other parts of the body. These anticipations are realized in practice; but, according to Fleury,[1] who has ably investigated this subject, such disturbance is to be attributed more to the extreme sensitiveness of the balano-preputial membrane constantly protected from friction and exposure to the air, than to the irritation of collections of sebaceous matter, since it is often present even when the condition of the parts admits of the most perfect cleanliness.

Among the ill effects ascribed to congenital phimosis are: balanitis, constant itching and even pain at the head of the penis, inordinate excitability of the genital organs, frequent erections, erotic dreams, seminal emissions, imperfect development of the penis and testicles, incomplete and painful ejaculation of the sperm, vesical tenesmus, incontinence of urine, gastralgia, neuralgia, and general lassitude and prostration. Probably no one will be disposed to call in question the occasional connection between the milder of the above affections and phimosis. Thus no one can doubt that boys with congenital phimosis are peculiarly prone to suffer from nocturnal incontinence of urine, of which they are cured by circumcision; that at a more advanced age the penis does not attain its full development; that they are more apt to practice masturbation, and to have seminal emissions; that in married life they do not have the full enjoyment of the sexual act, the usual complaint being of too speedy ejaculation; and that during life they are subject to disagreeable sensations and to attacks of balanitis, which are even aggravated in old age when the integument generally becomes loose and flabby. The same is equally true of persons with a long prepuce, even if no actual phimosis be present.

With regard to the more remote effects of congenital phimosis, some doubts might be legitimately entertained, were it not for the circumstantial report of the symptoms, and the fact that simple excision of the elongated prepuce has, in many cases, brought complete and permanent relief.[2]

[1] Gaz. d. hôp., Paris, October 30, 1851.

[2] Fleury's observations have been fully confirmed by Borelli (*Maladies genito-vésicales, Gaz. d. hôp.*, Paris, December, 1851); Anagnostaxis relates a cure of amblyopia by the excision of the prepuce (*Rev. de thérap. méd.-chir.*, No. 4, 1850). See also an article by John H. Packard, M.D., "On Congenital Phimosis" (Am. Jour. Med. Sci., October, 1870).

Within the last few years additional cases of the remote effects of congenital phimosis and of a small meatus urinarius have been reported by Drs. Sayre, Moses, Otis, Green, Brown-Séquard, and others. These cases have been ably summed up, and others added, in a report from the Surgical Section to the New York Academy of Medicine, by Dr. Yale,[1] who says: "The forms of nervous disturbance observed in these cases, so far as I have ascertained, have been, notably, incoördination of muscular movements, including those necessary to speech, less commonly spasm or spastic contraction, and paresis, generally of the lower extremities. I find no case of paralysis of sensation, but hyperæsthesia is often mentioned. Several cases of amblyopia have been published. A mental condition resembling hysteria or hypochondriasis is a frequent element in the clinical histories."

Verneuil reports a very interesting case in which careful microscopical examination of the excised prepuce showed that the terminal plexus of nerves had become hypertrophied, and in which the nervous symptoms were thus fully accounted for.[2]

Accidental Phimosis.—Accidental phimosis may depend upon any cause enlarging the glans penis to such an extent that it will not pass through the preputial orifice, or occasioning such an amount of thickening or contraction of the prepuce that it cannot be retracted; in other words, the seat of the difficulty may be either in the glans or its covering.

In some cases the obstruction is simply mechanical, as from vegetations within the balano-preputial fold, the induration surrounding a chancre, or the cicatrization of any ulcer situated upon the margin of the prepuce.

More frequently it originates in inflammatory action, as idiopathic balanitis or posthitis, or the same affections excited by the presence of ulcers, secondary eruptions, vegetations, etc., either of which may occasion swelling of the glans or infiltration in the lax cellular tissue of the prepuce.

M. Bourgade (*Progrès méd.*, Paris, September 2, 1876) has observed four cases of phimosis due to the irritating action of the saccharine urine of diabetes upon the meatus, glans, and prepuce, and states that a surgical operation is useless so long as the cause persists. M. Verneuil and M. Comillon of Vichy, have observed similar cases. The former says a confrère of his has lost two patients on whom he imprudently operated for diabetic phimosis.

There is still another cause of phimosis which, strictly speaking, cannot be included among those just mentioned; I refer to a peculiar thickening of the mucous membrane and submucous tissue, observed both in men and women after the cicatrization of a chancroid or chancre, and which consists neither in specific induration nor œdema,

[1] See New York M. J., August, 1877.
[2] Arch. gén. de méd., Paris, November, 1861.

but in hypertrophy of the normal tissues of the organ. Gosselin believes that this effect is peculiar to venereal ulcers. It is most frequently found in the labia minora in women, and in the prepuce in men. In the latter, the envelope of the glans may become so thickened that its retraction may be very difficult and give rise to fissures of the preputial orifice, or may be quite impossible.

Treatment.—In congenital phimosis attended by any of the unpleasant effects alluded to at the commencement of this chapter, circumcision is the only sure means of relief. I would go even farther than this, and say, that every case of congenital phimosis, if persistent on the approach to, or after puberty, demands the ablation of the prepuce, whether any unpleasant consequences have ever manifested themselves or not. It would be well for the future comfort and health of the individual, if fathers would inquire into and attend to this matter as their sons approach adult age. If, from any cause, an operation be impracticable, the subject of congenital phimosis should be directed at each act of micturition to expose the meatus as fully as possible in order to prevent the entrance of the urine beneath the prepuce, and intra-preputial injections should be resorted to, if sebaceous matter accumulates or any signs of inflammation appear. The best syringe for this purpose is the one with a broad, flattened nozzle, to facilitate its introduction between the prepuce and glans, already alluded to. (See page 120.)

In accidental phimosis, the rule commonly accepted is to avoid an operation if possible, unless congenital phimosis has previously existed; but when due to vegetations beneath the prepuce, or to contraction of the preputial orifice from the cicatrix of a chancroid *which has entirely healed*, an operation may be necessary to gain access to the abnormal growths, or to restore the opening of the prepuce to its original size.

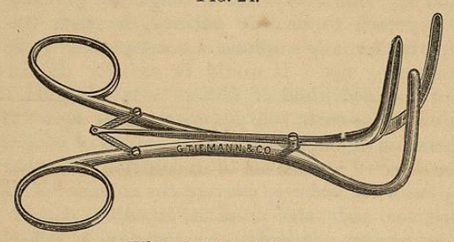
Phimosis, dependent upon a large mass of specific induration, disappears under the internal administration of mercurials.

An operation should, if possible, be avoided or deferred when the phimosis is due to acute inflammation, which may in most cases be subdued by rest in the horizontal posture, low diet, cathartics, leeches to the groin or perinæum (not upon the prepuce), a lead and opium wash, and, if it be certain that no chancroid is present, by scarifications. The orifice of the prepuce may sometimes be dilated so as to permit retraction of the latter by inserting between it and the glans a number of pieces of compressed sponge, or Nélaton's phimosis forceps may (Fig. 24) be employed.

In some instances we are certain that an ulcer is concealed between the prepuce and glans, where it may have been seen either by the patient or surgeon before the phimosis supervened; in others, its existence is highly probable, from the fact that the patient has been exposed in promiscuous intercourse. Now the mere suspicion of an ulcer within the hidden folds of mucous membrane is sufficient to in-

duce caution in resorting to an operation which may be followed by inoculation of the edges of the wound. It is indeed true that if the sore be a chancre, auto-inoculation will not be likely to take place; but it may be of the mixed variety, or there may be both a true chancre and a chancroid; hence the fact that a mass of induration can be felt beneath the prepuce is not sufficient of itself to justify an operation. A case in point has fallen under my own observation. A medical friend was called to treat a case of phimosis dependent upon an ulcer, surrounded by a cartilaginous mass of induration

Fig. 24.



Nélaton's Phimosis Forceps.

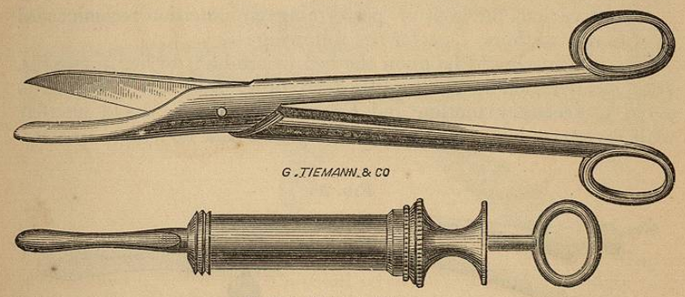
which could be felt beneath the prepuce. Relying upon the fact that a chancre cannot readily be inoculated upon the person bearing it, he resorted to an operation; but in a few days the edges of the wound assumed the appearance of a chancroid. In doubtful cases the nature of the secretion may be tested by auto-inoculation before resorting to circumcision.

Under some circumstances, however, and especially with gangrene threatening, an operation cannot be avoided. The question then comes up in what manner it shall be performed. In the inflamed condition of the parts, with the prepuce infiltrated, thickened, brawny, and perhaps threatening gangrene, circumcision is for obvious reasons not to be thought of. The immediate object to be attained is to relieve tension and to expose the balano-preputial fold so as to admit of local applications and attention to cleanliness. The method commonly adopted under these circumstances has been to slit up the prepuce along the dorsum by means of a curved bistoury guided by a director, which has first been introduced from the orifice to the angle of reflexion. The objections to this method are two: In the first place, if there is much thickening of the prepuce it does not fully expose those parts; the flaps on either side are too unyielding and too sensitive to enable us to bend them back and reach, for instance, chancroids situated in the sulcus near the frænum. In the next place, the ultimate result of the operation is undesirable. Two "dog's ears" are left, which are anything but elegant or useful in this situation, and which require a subsequent bloody operation for their removal.

For these reasons I prefer the procedure recommended by my colleague, in his paper on phimosis, already referred to. This consists in making two incisions, one on either side, exactly in the middle of the lateral portion of the prepuce, either by means of a bistoury, or, preferably, with a pair of strong scissors (Fig. 25), such as those devised by Dr. Taylor for this purpose.

The result of this operation is, that the prepuce is converted into two flaps—an upper and a lower—with the glans penis between them, and the upper flap can be elevated and the lower one depressed with the greatest ease, so as to expose the whole surface. Then after the

Fig. 25.



Taylor's Phimosis Scissors.
Taylor's Syringe for sub-preputial injections.

acute disease has subsided, and the edges of the incisions have healed, these flaps may be snipped off without confining the patient to the house, or taking him away from business.

But it will be objected, you thus have doubled the amount of raw surface exposed to contagion. Very true, but the advantage gained is more than a counterbalance, and, moreover, if the incision be properly cauterized and dressed, contagion will in most cases be avoided. The caustic preferred by Dr. Taylor is pure carbolic acid, rendered fluid by a small quantity of water. Four pieces of lint are to be cut—two to fit the glans, the one above and the other below—and two strips to place between the cut surfaces. These pieces of lint are soaked in the acid and put in their places; the flaps are then brought together, and a bandage wound round the penis, allowing the meatus to be free. The whole should be kept wet with cold water, and the dressing repeated daily until the parts are healed.

The thickening of the substance of the prepuce, already described as a sequela of venereal ulcers, is rarely so great as to produce complete phimosis; but the difficulty attending the exposure of the glans and the frequent rents which the act occasions, often justify the removal of the hypertrophied tissues.

Before describing this operation, let me remind the student that the