REMARKS PREFATORY TO THE SECOND EDITION.

THE demand for a second edition of this work, within two years from the publication of the first, may well be a matter both of surprise and gratification to the author. The call for an English edition, (from Smith, Elder & Co., prominent medical publishers of London) may be accepted in proof that the interest in the alleged advances in urethral science, contained in this volume, has not been confined to this side of the Atlantic. From the fact that the views and teachings of this book, at the time of their first publication, were, in the main, opposed to the prevailing practice in cases of urethral stricture, and that, for several years before its publication, the claims of its author had been vigorously contested, in public personal discussion, and in the current medical journals, any expectation that it would meet with prompt or unqualified acceptance at the hands of the reviewers would have been unreasonable. The great questions in regard to normal urethral calibre; the definite proportionate relation between the circumference of the urethra and the organ in which it is situated; the importance of recognizing the possibility of stricture of a calibre above the then usually accepted normal standard size of the urethra; the common dependence of gleet, and often of troublesome reflex irritations, upon such strictures; the greater frequency of stricture in the anterior part of the canal; the possibility of a *radical cure of stricture by dilating urethrotomy;* the great advantages of such operation over the *dilating* procedures, both in regard to safety, comfort, time, and permanence of results; these questions were not only unsettled, but were in the midst of sharp discussion when this

book first went to press. What was needed, for the settlement of these important issues, was *not* the criticism, favorable or otherwise, of the conventional medical critic; a large, careful, practical experience on each and every point, by capable and honest men, could alone give confidence, to the profession at large, in any decision as to the merits or demerits of the work. It has been most grateful to the author to recognize the fairness and friendliness of such notices as have appeared in the New York *Medical Record*, the London *Medical Times and Gazette*, and other excellent journals, which claimed that the positions in the work were well and fairly taken, and demanded, from every surgeon, the most careful and studious consideration. And yet the author has looked to individuals, to the leading specialists in genito-urinary matters, rather than to journalistic utterances, for permanent support to his views. He has felt confident that a fair, practical trial of them must result sooner or later in their acceptance, and ultimately in their acknowledgment, directly and frankly, or impliedly and negatively, to the profession at large. He has fully realized that, however favorable may have been the impressions produced by the published results of his experience, and that of the generous and able surgeons whose records have been incorporated with his own, yet a very considerable time would be necessary before the pronounced opinion of experts, based upon a personal experience, could be given.

When it is remembered that, before the publication of the author's views, a common standard for the size of the urethra was universally accepted and made a basis for operative procedures; that dilatation, divulsion, and division of strictures, without knowledge of the size, extent, or even of their precise locality, was the conventional and approved treatment; that all instruments required for the treatment of strictures which did not cause retention of urine, consisted of bougies and sounds of various sizes, which *in every case* were required to traverse the entire length of the urethra, regardless of the locality of the stricture; and that strictures above eight or nine of the English scale, or twenty-one of the French,

were not considered of any importance, and even the possibility of their existence authoritatively denied; and when it is also remembered that the new views required careful study into the *normal calibre* of the urethra, the *exact locality* and *degree* of stricture in every case, and that especial and expensive instruments for pursuing this mode of investigation were absolutely indispensable; when all these things are taken into account, it is certainly not to be wondered at that the older surgeons and experts, skilled in the then established plans of treatment, and ranking as authorities in such matters, should decline to yield *their* views and practice without a struggle. Nor need it be a matter for surprise that when finally driven into an acknowledgment of the validity of the author's positions, some should accept them without credit to the author; others, while admitting that important errors in the old procedures, had been demonstrated, and urethral science advanced in various ways, yet would claim that the author was an *extremist;* while they, being of more conservative tendencies, would commend their own views of "the author's valuable views," as safest of acceptance.

But two treatises devoting especial attention to the subject of urethral science have been issued by the medical press of this country subsequent to the publication of the first edition of this work. The first of these is a fourth edition of the well-known work, "Bumstead on Venereal Diseases," greatly enlarged and brought up to November, 1879, by its editors, the late distinguished Prof. Freeman J. Bumstead and Prof. R. W. Taylor.

From the fact that Prof. Bumstead, an author long and widely distinguished for his ability, learning, and integrity, is known to have had an exceptionally large experience in the management of urethral stricture, and that he has treated very fully on this subject in the three previous editions of his work, it may be claimed that his position, in the fourth and latest edition, in regard to the great points of departure from the old school of urethral science will be of signal value to the profession.

The following extracts from this volume show, not only that the departures referred to had been earnestly considered by Prof. Bumstead, but that he has practically admitted, and confirmed, the most important claims embodied in the present work.

1*st*. *As to the proportionate relation claimed to exist between the size of the urethra and the organ in which it is located*, Dr. Bumstead says, page 289, in speaking of the constancy of this relationship, that it "seems to have been received, generally, as *at least approximately correct*, and *hence of considerable value*." And also, pages 300 and 301, "at the time of the operation, the size of the meatus should be carefully examined, and if necessary be enlarged (by a method presently to be described) *to a size corresponding to the supposed calibre of the urethra* estimated by OTIS'S rule, already given." *

2*d*. *In regard to the urethrometer*, Prof. Bumstead says: "Since the meatus is usually the smallest part of the urethra, and varies very much in its calibre, it may not allow the introduction of any instruments thus far mentioned of sufficient size to thoroughly explore the canal, and especially to detect

* Prof. Stephen Smith, in his volume on Operative Surgery, published by Houghton, Osgood & Co., Boston, 1879, has incorporated my own statement of this matter into the text of his work on page 529, thus: "The circumference of the flaccid penis generally bears a certain relation to the capacity of the urethral canal; by taking the measurement of the former the latter can be very closely approximated before instruments are introduced." MR. BERKELEY HILL, of London, in the first of his course of lectures on Stricture of the Urethra, published in the British *Medical Journal*, November 15, 1879, says: "I am convinced that the only *exact* mode of learning the size of a given urethra consists in measuring it with the urethrometer. * * * As an useful aid in this investigation, Dr. Otis points out that the external circumference of the flaccid penis is a tolerably accurate indicator of the distensile capacity of the urethra." Mr. W. F. Teevan, in the first of his Lettsonian lectures, recently delivered at the Medical Society of London, January, 1880,† says:

"When Dr. Otis was over here, he satisfied me, by actual examination, of the general accuracy of his measurements, and of the existence of a close relationship between the circumference of the penis and the calibre of the tube it contains. He also convinced me that we had been very illogical in regarding all men as possessing the same."

† London *Lancet*, Jan. 24, 1880.

slight contractions. An instrument which could be inserted through a narrow meatus and then be dilated within the urethra, with an index at its distant extremity showing the amount of its dilatation, was therefore a desideratum. *This want has been supplied by the ingeniously contrived urethrometer of Prof. Otis.*" *

Again, Prof. B. writes, page 85, *in regard to strictures of large calibre:* "Dr. Otis has done great service by calling attention to the influence, both immediate and reflex, of strictures of large calibre, *which had generally been ignored*, and his urethrometer to determine the size of the urethra and the presence of coarctations, is a great advance in our means of diagnosis."

Again, same page, he says: "While believing with Dr. Otis that *every undoubted stricture of the urethra should be removed*, and that *without its removal no case of gleet can be permanently cured*,† I have yet seen quite a number of cases in which, after the most thorough operation for the stricture, and when no traces of the same remained, the discharge still continued for months and even years. I cannot therefore agree with him that always 'chronic urethral discharge means stricture,' nor that the removal of all strictures invariably cures gleet." The removal of the stricture is, in all cases, required, but may not be sufficient to stop the discharge.‡

In speaking of my dilating urethrotome, he terms it, page 85, "the very best devised for division of strictures of large calibre." And in regard to the great question of the possibility of the radical cure of stricture, he says at page 303: "It is, however, asserted by Otis and others, that the thorough division of strictures by internal urethrotomy effects a permanent cure, and that the canal will ever remain free, after the operation, even if nothing has been done meanwhile." Dr. Bumstead then remarks: "*I have met with a number of*

* Bumstead and Taylor, 4th ed., p. 288. † Italics my own.

‡ I have stated it as my opinion that "gleet is always due to stricture," yet I do not mean to be understood as claiming that division of stricture always cures gleet. (See this book, page 227. F. N. O.)

cases which would seem to confirm this view, but a sufficient time has not elapsed in my own cases or in those published by others to warrant any one in expressing a decided opinion." *

In regard to the best point at which to divide a stricture, Dr. Bumstead says, p. 305: "Since there are no arguments, as far as I am aware, in favor of a downward section, I believe the above considerations should prevail and lead us to *make the section upward in the median line, in all urethrotomies posterior to the meatus and fossæ*."†

Again, in regard to division of anterior strictures he says, page 299: "Strictures within three inches of the external orifice, especially those at the meatus, *are so unyielding, and recontract so readily, that the incision becomes desirable*."

In discussing the question of urethral calibre, on page 289 (Bumstead and Taylor, 4th edition), an error has been made which puts the author of this work in a false position on an important point, and as this error is one which seems to have found considerable circulation, he desires to call the especial attention of the profession to its correction in this place. The question of urethral calibre is thus opened: "Is a normal, healthy urethra always uniform in its calibre in its spongy portion, and must every irregularity which can be detected by the urethrometer, be regarded as an evidence of disease, or are contractions in this portion of the canal, to some extent independent of disease, and consistent with health, or, in a word, normal? My own opinion," says Dr. Bumstead, "is most decidedly in favor of the latter view;" and further he says, "those who maintain to the contrary are logically forced to admit that every obstruction that can be detected by the urethrometer, even in the absence of present inconvenience, *requires internal urethrotomy for fear of some eventual ill effect*." ‡ The author would like here to state that he is not

* At pages 19 and 20, of these prefatory remarks, it will be seen that two cases are cited where over eight years have elapsed between the date of operation and the re-examination, and the patient then proven to be absolutely free from stricture.

† See note foot of page 235.

‡ All italics my own.—F. N. O.

aware of ever having claimed that strictures *which do not give rise to any inconvenience* should be subjected to treatment by internal urethrotomy or otherwise. He has heretofore claimed, and does now as positively claim, that *localized points of contraction in the spongy portion of the urethra are abnormal;* that by just so much as the urethra is contracted at any given point, it varies from the mechanical and physiological perfection which nature intended, whether the contraction be one millimeter or ten; whether the cause be an aberration in development; an inflammation, idiopathic, specific, or traumatic; but because he thus claims that localized points of contraction, often "to some extent, independent of disease and consistent with health" are *abnormal*, must he be logically forced to claim also that all shall be subjected to the operation of internal urethrotomy? Most assuredly not. A man may have a varicocele "to some extent independent of disease and consistent with health." Shall we then say that this condition is normal? In claiming this condition to be abnormal, must we *logically* commit ourselves to advising, nay, *insisting* upon operation in every case of varicocele? Exactly the same rule that has governed the author (in accordance with all conservative authority) in regard to operation for varicocele, has governed him in regard to stricture, viz., *as long as the condition occasioned no trouble, to let it alone, as far as any operative procedure is concerned;* but when it becomes troublesome, sufficiently so to warrant the risks of the operation (and they are infinitely less in anterior stricture than in varicocele), then operation may be judiciously advised and performed. In advising that a varicocele should be let alone when it gives no trouble, must we logically claim that because it is not a present source of irritation, it is a normal condition of the parts?

In pursuance of the same error (which is, inferentially, that the author has practised or advised operation when no operation was required), Dr. Bumstead (at page 309), after discussing the most serious accidents which ever follow an internal urethrotomy, says: "In view of the above considerations, the

surgeon may well avoid internal urethrotomy unless decidedly called for, and when other means are unavailable." In other words, he would not advise operation unless he considered it advisable; for, in concluding the matter, and to bring it to a plain and practical rule of procedure, he further says: "Knowing what I do of the operation, if I had a marked and annoying stricture in the anterior portion of the urethra, or if I had an obstinate gleet which no other means would relieve, or if I were the subject of one of those tormenting neuralgias dependent upon stricture, *that we read of*,* I WOULD HAVE MY STRICTURE CUT."

"But, if I had only a 'stricture of large calibre,' presenting no obstruction to the urine, and occasioning no inconvenience, no argument drawn from possible ills in the future could persuade me to be subjected to the knife."

This makes the case so plain that the most stupid of surgeons or of patients cannot fail to understand it. If there is, *no obstruction, no inconvenience*, do not operate—do not submit to operation. The author fully concurs in this view, and will take this opportunity to assert, that he, for one, *has never operated on a case where there was no obstruction and no inconvenience, nor has he ever advised it.* "No arguments drawn from possible ills in the future" have ever determined him to operate, or to advise operation, *unless the presenting trouble was sufficient to demand it.* In every case of over seven hundred, which he has operated on, and accounts of which he has published, there has been present, one at least, and not unfrequently all the conditions in regard to which Dr. Bumstead, after most mature and deliberate consideration of the matter says, "*I would have my stricture cut.*"

The strongest statement which the author can recall, which

* The form of expression "*that we read of*," used by Dr. B. in italics, intimates that he has not personally recognized such cases. M. Civiale's views on this point, cited at page 304 of this book, corresponding with a large experience of my own, are still further strengthened by Dr. Keyes in his work on venereal diseases, p. 298–9, where he says of strictures of large calibre, "These strictures may give rise to spasmodic and irritable troubles in the deep urethra, *and of the most varied nervous functional troubles in different parts of the body*."—F. N. O.

he has ever made, which would give color to the impression that he had operated, or advised operation, on account of arguments drawn from possible ills in the future, will be found on page 102 of this work, thus: "*Absolute division of all bands which in the least contract the canal is necessary for complete immunity from after trouble.*" This advice is distinctly given in cases where operations were made for present good cause, such as persistent gleet, etc., etc.

Even Dr. Bumstead himself went further than this, where, in this latest edition of his work,* he says, "*believing with Dr. Otis that every undoubted stricture of the urethra should be removed, and that without its removal no case of gleet can be permanently cured*," etc., etc.

In the concluding chapter of this work two points bearing on this matter, having perhaps a tendency to mislead as to the author's claims, have been altered in the present edition. Thus, instead of saying that (Point 5, page 321) "the slightest stricture becomes worthy of consideration," the text is changed so as to read "the slightest stricture *may* become worthy of consideration." And on page 322 (Point 10), instead of saying "that stricture is, *strictly speaking*, an inflammatory product," it is altered to read "that stricture, *as a rule*, is an inflammatory product."

This is, as will be seen, admitting that contractions of the urethra may occur as a result of faulty development, what Dr. Bumstead has called *normal* contractions, or what Dr. Keyes has designated as "a physiological condition carried to excess." † The only difference between strictures or contractions of this sort and those resulting from inflammatory causes being, that they lack the cicatricial element, and hence would fail of recognition by any microscopic investigation. When sufficient in degree to cause trouble, the treatment, as has been previously stated, need not differ from that deemed appropriate for strictures arising in any other way.

The second work referred to as having been published since

* Bumstead and Taylor, page 85.

† Keyes on Venereal Diseases. Wm. Wood & Co., 1880, p. 278.

the first issue of this book, is by Prof. Edwd. S. Keyes, a general treatise on venereal diseases; published by Wm. Wood & Co., 1880, in their subscription series of "Standard Medical Authors."

Dr. Keyes, in his two pages of preface, one of which is devoted to what he terms the "new school of urethral pathology," opens upon this school thus: "Finally, I have raised my voice, for what it may be worth, in protest against the views of the new school in urethral pathology, which seems to claim that every natural undulation, in the tissues of the pendulous urethra, is a stricture fit for cutting, and that all the ills of the genito-urinary passages may be accounted for by the existence of these undulations, and usually made to disappear when the latter are cut." He then goes on to remark: "To the honest labor and mechanical genius of the leader of this school I tender my respect. The profession is indebted to him for some capital instruments, and for a broader understanding of the tolerance and capacity of the urethra than it has yet possessed."

Now, as Dr. Keyes has thus apparently credited the author of the present volume with the leadership of the "new school in urethral pathology," he may perhaps be permitted to respond, that Dr. Keyes is quite in error as to the characteristics of this school above designated, as illustrated by its teachings and practice. What has already been said in reply to the misapprehensions of Prof. Bumstead in this matter, will answer equally for the misstatements of Dr. Keyes. *

Dr. Keyes's voice would be worth more if it was confined to its legitimate compass. No author has a right to claim a settlement of important practical points, on his own bare assertion; to contradict the results of a large and carefully tabulated experience by the citation of one or two cases. Dr. Keyes has been under eminently conservative influences during his professional career, and it is not strange that he should be slow to accept innovations. It is evident that he has not been equally slow to pronounce upon them, ap-

* Page viii, *et. seq.*

parently forgetting that arguments and assertions, however profuse, which are not directly supported by well authenticated cases, cannot stand before the inexorable logic of proven mechanical propositions; proven by the published experience of a number of men especially prominent as authorities in genito-urinary diseases, whose record for integrity and professional ability has not been impeached. Dr. Keyes begins by denying (at page 297 of his work) the truth and value of the proportionate relation between the size of the penis and the circumference of the urethra. He omits to state that this relation is admitted by such authorities as Mr. Berkeley Hill and Mr. W. F. Teevan of London, the late Prof. Bumstead of New York, Dr. Geo. A. Peters, Surgeon to New York and St. Luke's Hospitals, the late Prof. Brown of Baltimore, Prof. Pease of the Syracuse University, Dr. Mastin of Mobile, Prof. Sam'l D. Gross of Philadelphia, Prof. Geo. K. Smith of the Long Island College Hospital, and many others in this country. And then, like a man attempting to prove the fallacy and worthlessness of the science of navigation, first having thrown the compass overboard, he proceeds to show how little there is in the science of navigation. Dr. Keyes selects a case (page 297) to test the value of the views of the new school of urethral pathology. Under the direction and solicitation of the patient, for the lack of a better guide, he cuts him, and cuts him, until, as he states, "the poor fellow put his index finger into the urethra;" then, having no other guide or compass (having previously thrown the only available one overboard), he declined cutting any farther. After this he candidly remarks, "the patient shortly disappeared from view, doubtless to seek other advice." This case Dr. Keyes adduces in proof of the worthlessness of the views of "the new school of urethral pathology." Dr. Keyes, notwithstanding his opposition to the new school, adopts its claims in regard to many important points, especially in treating of that class of cases which may be said to have opened this school, and to which the author first drew the attention of the profession in 1870

(see page 20 of this volume), and which he was the first to designate as "strictures of large calibre," in 1871 (see page 28 of this volume). Dr. Keyes devotes an entire chapter to this class of cases, without suggesting, however, that the "new school of urethral pathology" had ever been in any way identified with them. Then he says (page 295), "strictures of large calibre may be encountered anywhere from the meatus to the apex of the prostate." Again, at page 298: "Stricture of large calibre of the anterior urethra does exist when an exploring instrument, passed gently through a physiologically contracted area, draws blood (on account of an erosion or granular condition of the mucous membrane at this point), or when the physiological condition is carried to excess, as, for instance, when them eatus is contracted to the size of a knitting-needle." *

Again, in regard to symptoms of "stricture of large calibre," Dr. Keyes writes, page 299: "These strictures may give rise to spasmodic and irritable troubles in the deep urethra, symptoms of cystitis and of the most varied functional troubles in different parts of the body."

Again (page 299) he says: "The most common symptom of *stricture of large calibre* is a gleet, more or less persistent" (see page 20 of this volume.) Dr. Keyes occupies some space (page 298) in giving his opinion as to when a stricture is of sufficient importance for a surgeon to interfere, and answers in accordance with the views of Dr. Bumstead, and also of the "new school in urethral pathology" already given, viz., "never until the occurrence of symptoms calls for interference."

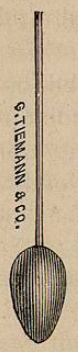

FIG. 30.

In regard to diagnosis he says (page 299): "The clinical diagnosis of '*stricture of large calibre*' is easy and satisfactory. A bulbous bougie (Fig. 30, † preferably of metal, as large as the meatus

* This last has not been claimed by the new school as among strictures of large calibre.—F. N. O.

† See pages 2 and 23 this volume.

will take, may be warmed and anointed with vaseline, and gently passed through the urethra. When it comes to a tight spot the surgeon can feel it as well as the patient" (see page 1, this volume). This method of procedure will doubtless be accepted by the new school in urethral pathology without debate. He then goes on to say, "If, in attempting this exploration, congenital or pathological narrowing of the orifice of the urethra exist, the canal may still be explored without cutting the meatus, by the use of the very ingenious expanding urethrometer devised by Dr. Otis, (see this volume, pages 299 and 300). Now, in regard to treatment, Dr. Keyes says, page 301: "Strictures far forward must be cut to be cured. * * * This is most conveniently done with the straight and blunt bistoury. * * * Dr. Otis advises the operator to place the index finger of his left hand along the integument, beneath the urethra, so that the stricture band may be felt between the finger and the knife. In this position he cuts directly upon the finger until he can feel the point of the knife against the soft tissues, and appreciate the absence of the band between the finger and the knife. This is an excellent method, better in many cases than any other."

Again, in regard to *treatment* of deeper strictures, he says, page 302, "The treatment most appropriate for all other organic strictures is by dilatation *at first*. *Should this fail, other means are at hand.*" * These other means he describes on page 305, thus: "If then internal urethrotomy has become necessary in the treatment of a stricture of large calibre, in the pendulous urethra, which of the numerous instruments for performing the operation shall be used, and to what limit in size shall the urethra be cut?" He answers thus: "I have tried nearly all the improved modern urethrotomes, and *have found none so good as the dilating urethrotome of Dr. Otis, for dealing with such strictures as are to be cut in the pendulous urethra.*" † Then, at page 307, he says: "After the cutting has been accomplished, it is well to pass a bulbous sound over the cut region to decide whether the

* Italics my own.—F. N. O.

† Italics my own.—F. N. O.