

CHAPTER XII,

Report of thirty Operations for Urethral Stricture, Otis's method, by Claudius H. Mastin, M.D., LL.D., of Mobile, Ala.

DR. MASTIN writes, May 16th, 1877, "It affords me pleasure to testify to the value of your method of operating for urethral Stricture. Before I had resort to dilating urethrotomy, I thought it impossible to make a radical cure in these cases; but since I have given it a fair trial, I have changed my opinion, and I now unhesitatingly say, I believe that certain selected cases can and will be *cured* by your method, provided the operation is judiciously done, and the after treatment properly conducted. To this date, my cases of Internal Urethrotomy number 280. They have been performed with a variety of instruments, Maisonneuve's, Civiale's, Ricord's, Otis's and my own. I have as yet, never met with an accident, nor have I lost a single case.

I have used your dilating urethrotome in some 30 cases, and I feel justified in saying, that it is especially adapted to all cases of hard, firm, organic Stricture in the *penile* urethra; especially is it valuable in those cases of chronic urethral discharge dependent upon what you term, "Strictures of large calibre," and I believe that when the profession comes to know and understand the operation, no surgeon will consider himself prepared to treat urethral affections, unless he has "an Otis urethrotome."

If the cases are properly prepared for the operation, I do not see that there is any more danger in your operation than in any other.

Hæmorrhage in my opinion, is not more liable to occur after

your operation, than after any other, and even should it take place, it can be speedily and easily controlled.

I believe that the success of every operation for urethral Stricture, by the knife, depends upon the amount of *cicatrical splice* which we gain after an operation, and as the operation which you have devised insures a wider splice than any other that I as yet know of, I say, unhesitatingly, your operation is, in my opinion, the operation best calculated to produce a perfect and radical cure.

In Strictures of long standing, with great density of tissue deposited, I do not believe that any other urethrotome, save Otis's or one constructed upon its principle, will or can give the same satisfactory results.

The following cases are taken without selection from the list of operations which I have done with the "Otis urethrotome," and will go to show the results of his method in my hands. I give them just as they have been taken from notes, without, however, going into detail as to the preparatory or after treatment, which is usually resorted to.

Case 1. Geo. S., an engineer, aged about thirty, had suffered from Stricture in the penile urethra for about three years. He had been operated upon with a Maisonneuve urethrotome two or three times; but with no other benefit than to give passage to his urine. Constant dilatation had been resorted to without benefit; he suffered from a painful irritation of the entire urethra, and was annoyed with a perpetual discharge. I found him at the time he presented himself to me on the 25th of December, 1874, using a No. 28 F. sound, which he informed me, had been given him by his former surgeon "to keep the urethra open." Upon examination (by Dr. Otis's rules, and by the use of his urethra-metre) I found the normal size of his urethra 36 F. After due preparation, I operated upon him on the 28th day of December, 1874. Carried out the after treatment with large sounds, until the last of January, 1875, when I discharged him, apparently entirely relieved. Since then, now over two years, I have had him constantly under observation, and have fre-

quently examined him, both with the ball probe and the urethra-metre, and, to this date, I have been unable to find any recontraction.

Case 2. Mr. O. C., master mechanic, aged forty-two to forty-three, presented himself for treatment of urethral Stricture, which had existed for some four or five years. An examination revealed two Strictures of large calibre located in penile urethra—one about $2\frac{1}{2}$ inches down the urethra, the other just in front of the bulb. He informed me that he had been operated upon by divulsion, by internal urethrotomy, with a Maisonneuve's urethrotome, and been treated by caustics and continuous dilatation. He came to me on the 14th of February, 1875. I found that his Strictures would admit a No. 28 F., and that there was a good deal of irritation and a very free discharge. His normal urethra according to rule, furnished a calibre of 38 F. To this point I cut him with an Otis urethrotome, and treated him with large sized sounds until all discharge had ceased, and his urethra offered no resistance whatever to the ball probe or the urethra-metre.

I have been particular in keeping this case under close observation and frequent examination, and I defy any surgeon to find a trace of contraction present. He has had, and there now remains some prostatic trouble, unconnected however with the former Strictures.

Case 3. D. S., a barber, aged fifty-two, presented for treatment on 5th September, 1875. I found a tight, firm Stricture, $2\frac{1}{2}$ inches down urethra; opened it with small blade of Maisonneuve's urethrotome, 8 mm. in diameter, through which I passed Otis's instrument, and cut the same to the normal urethral calibre which was 35 F., I treated him with large sounds, and discharged him on the 1st of October, 1875, as cured. Careful examinations reveal no contraction up to this date (May 16, 1877).

Case 4. A. B., drug clerk, twenty-five years, presented for treatment November 7th, 1875. Examination revealed close Stricture in penile urethra, $2\frac{1}{2}$ to 3 inches down, normal urethra 33 F. I cut him with the Otis urethrotome, and

treated him as usual after these operations. To date no complaint, and no evidence of any recontraction.

Case 5. J. C., lawyer, twenty-two years; recent Stricture in penile urethra; normal calibre 32 F. I cut this Stricture only to 31 F., and tried to dilate with large sounds up to 32 F. He objected to the continued use of the sound, and said he thought he would be cured without their use. The end of this has been, the Stricture has in a measure recontracted, the discharge returned and he has placed himself under care, for treatment. I consider the failure, for a failure it has been, is entirely due to my negligence in not cutting the Stricture up to 32 F., and then keeping up the use of the sounds until all irritation and discharge had ceased.

Case 6. J. S., broker, aged thirty-one; Stricture of large calibre in penile urethra, three inches from meatus. Constant discharge. Has been treated in Galveston, Texas, by sounds, injections, etc. Came to Mobile in April, 1875. I found normal urethra 32 F. Operated upon him May 1st, 1876; treated him by usual method. He had a severe attack of urethral fever, after the operation; had been subject to rigors after every urethral interference; yet he has promptly recovered, and in February, 1877, I examined him and found no evidence of any return of Stricture. His health has improved vastly, and he expresses himself as perfectly well.

Case 7. S. F., merchant, aged twenty-eight years. Stricture of large calibre; a very troublesome discharge, and general health disturbed. Stricture located in the penile urethra, just in front of bulb. Normal urethra 35 F. Operated upon him July 6th, 1876; cut with Otis's urethrotome. Results perfect. No contraction as late as April, 1877. General health greatly improved, discharge entirely relieved, and says he is as well as he ever was in his life.

Case 8. J. P., bookkeeper, aged about twenty-six years. Stricture of large calibre in penile urethra three inches from meatus, general health failing; great anxiety of mind; has been under care of a physician for some months who told him he had prostatic disease, etc. Used small bougies, injec-

tions and porte caustics, until he presented himself to me for treatment Dec., 1876. I found no prostatic trouble, but a very irritable urethra, of normal calibre 35 F. and a Stricture contracted to 28 F. I cut him with Otis's instrument. on December 8th, 1877. He improved rapidly, and to-day is in better health than he has been for two years past. All discharge has vanished; there remains no irritability of the urethra, and I am unable after the most careful examination to find a trace of strictured tissue. I believe that time will prove that his cure has been perfect.

Case 9. R. M. Q., bookkeeper, aged forty years. Stricture at bulb; says he has had Stricture from early boyhood, result of an injury received by riding on the pommel of a saddle. There is a great deal of urethral deviation, the penis being twisted full one-third around on its axis.

I saw this case first in Sept., 1869, just after an attack of retention. I then cut him with a Maisonneuve urethrotome, followed by that of Civiale, and furnished him with sounds up to thirteen and fifteen English measure, with instructions to keep his urethra open. This he neglected to do, and permitted his Stricture to contract so much that it seriously interfered with the passage of his urine. He said he disliked to come back to me, after neglecting instructions, so he put himself in the hands of a physician, who divulsed his Stricture with a Holt divulsor, and told him he was cured. This divulsion was in 1870, sometime in the fall of the year; but instead of curing his Stricture, he was made worse, for on March 19th, 1871, he placed himself again in my hands with a Stricture contracted to No. 1 French. He now objected to any operation, and requested that I would dilate his Stricture "just enough to permit him to urinate and he would be satisfied." In the course of a few days I had opened his canal so that it would admit a No. 10 English catheter. He now thought he could keep it open, and declined any further treatment. I heard no more from him until the 25th of May, 1872, when he sent for me to relieve him of retention. I found his Stricture impassable, and after a fruitless trial of over two hours, to

get through the Stricture, even with the smallest whale-bone probe, I frankly informed him that the only alternative was either to tap the bladder, or open the urethra in front of the Stricture, and then work through the co-arcuation. He preferred the latter, and I at once performed my modification of *la Boutonnier*. His recovery was rapid, and every thing gave promise of a successful termination of his troubles, but during the summer of 1875, he contracted a blennorrhagia, which proved rebellious to treatment and caused his Stricture to recontract enough to give him considerable trouble and anxiety about his urination. Fearing retention, he came to me for another operation, and I proposed and performed the operation with the Otis urethrotome on the 29th day of Nov., 1875. I opened his Stricture to 32 F., that being the normal size of his urethra. To this date, 16th May, 1877, I can find no evidence of any Stricture remaining. In fact he is much better than after any previous operation which had been done.

Case 10. R. B. M., gentleman aged 29 years, May 19, 1875, presented himself, with a firm Stricture in penile urethra, great irritability of urethra and considerable discharge. Had been operated upon by some physician, as the patient informed me, with a "sort of spring instrument," cutting from the point. I suppose it was an old Stafford's instrument. There had been no results beyond increasing the discharge and inflammation.

I found his Stricture would admit a 23 F. sound, and his urethra a 32 F. in its normal portion. I cut him to this point; treated him about thirty days with large sounds, and he has remained perfectly well ever since. Recent examinations reveal no evidence of any recontraction.

Case 11. J. L., wine merchant, from Ohio, aged 32 or about that number of years, presented himself on 10th February, 1877, with Stricture in penile urethra, just in front of bulb. Has had retention on two occasions. Stricture hard, discharge purulent and in large quantities. His Stricture would admit 25 F., and his normal urethra was 32 F. I cut

him up to 32 F., treated him with large sounds, and at the expiration of fourteen days, as he was so much relieved, I concluded to venture upon letting him return home. To-day, May 16, 1877, he called at my office, as he was passing through Mobile, and I found his urethra *perfectly* smooth, with no discharge and no Stricture.

Very sincerely,

C. H. MASTIN, M. D.

Out of thirty operations reported by Dr. Mastin, twelve cases are quoted in full, and of these complete radical cure of the Strictures is claimed in nine cases, as proved by re-examinations as follows :

One	2	years	and	6	months	after	operation.
One	2	years	"	4	"	"	"
One	2	years	"	0	"	"	"
Two	1	"	"	9	"	"	"
Two	1	"	"	6	"	"	"
One	0	"	"	10	"	"	"
One	0	"	"	4	"	"	"

CHAPTER XIII.

*Report of seventy-one operations for Stricture—by Otis's method (45 Tabulated Cases.) By R. W. Pease, M. D., Prof. of Surgery in the Syracuse University, N. Y.**

IN 1874, a gentleman whom I had treated for Stricture of the urethra at the membranous portion, for several months, and who, prior to coming under my care, had been treated by most capable physicians, one a world-known surgeon, drifted away from me, because I, like those who preceded me, had failed to give him any relief by the stereotyped method of treatment—the use of bougies.

His symptoms, in brief, were a desire to frequently micturate flocculent urine, and a constantly recurring gleet. The protracted malady had sadly undermined his health, as evidenced by great nervous irritability, induced by his disturbed rest.

Fortunately, he came under the care of Professor Otis, of New York.

The diagnosis made by Professor Otis was a Stricture one-half inch from the meatus, and none at the membranous portion. The meatus was cut to 40, French scale, that being the capacity of his urethra, and in a few days he returned to Syracuse, every symptom mitigated, and in a few weeks all evidence of contraction of the urethra was removed, the urine cleared up, the nervous symptoms dissipated, and, in short, the patient cured.

My patient was a gentleman of great intelligence, and his representation of the methods used to diagnose the difficulty, together with what I had incidentally seen, in the journals, of Professor Otis's views and practice in urethral surgery,

* Read before the Medical Society of the State of New York, June, 1877.