

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.

added to my own growing dissatisfaction with the results of treatment as universally employed by the profession, led me to a careful investigation of his methods of diagnosis, and treatment of Stricture.

This review has brought me to the following conclusions:

1st. That the means of diagnosis usually employed in detecting Strictures, is exceedingly faulty, as the bougie frequently fails to locate, or even to give the least indication of contractions that are causing serious disturbances.

2d. That there is a definite relation between the circumference of the flaccid penis and the circumference of the urethral canal.

3d. That this law established, the treatment of urethral Stricture is immensely simplified, and the chances of its perfect cure greatly augmented, as by this law we know definitely what must be accomplished to secure a cure, *i. e.*, *restore the canal in its entirety to its normal calibre.*

4th. The metallic bulbs given the profession by Dr. Otis, furnish us with an unerring guide, accurately defining the faintest contraction, and enabling the surgeon to record faithfully and treat intelligently every case that presents itself. This instrument is very completely supplemented by the urethra-metre, which enables the surgeon to define with *one* instrument every Stricture, and, by its dial, measure each contraction without changing instruments.

5th. Having defined the contractions and ascertained the calibre to which the canal must be restored, what are the best means of securing the result? It will be admitted that a Stricture consists of a fibro-plastic band surrounding the entire canal, resilient in character, with a tendency to recontract after dilatation. The end of all treatment has been to promote the absorption of the exudates forming these bands, which have interrupted the canal. It is not for me to specify the various methods which have been resorted to, to accomplish this object, but it will not be disputed, that the profession are nearly a unit in employing the system of gradual dilatation as giving the best results. Indeed, they speak of

curing Stricture by this method. But as to the best that can be done by this treatment, it is sufficient to quote from two authorities, which express the sentiment of *all* the authorities on the subject.

Wade, of London, says: "After the patient is pronounced *cured* by his surgeon, he is obliged to continue the systematic use (always repulsive and often hazardous) of a sound or flexible bougie for the rest of his life."

Hamilton, in his last edition of "Principles and Practice of Surgery," says, "that in whatever manner the relief of the Stricture has been effected, whether by dilatation or rupture, by caustic or incision, the result is the same, the Stricture will inevitably return, unless the use of the instruments is continued. *Once a week, during the remainder of his life,* the patient must introduce a sound or catheter of the size of No. 12, or he may confidently anticipate, sooner or later, a renewal of his troubles."

With this opinion Dr. Otis takes issue, and asserts that in no sense is a Stricture *cured* while such means must be continuously resorted to, to keep patent the passage to the bladder. Having given us an accurate method of diagnosing Strictures, he follows it with the general law of a definite relation of the circumference of the flaccid penis to the circumference of the urethral canal, and to effect a cure, this relation *must be reestablished.*

My own experience, which now covers more than 100 cases, corroborates the last statement in every instance. Indeed, there is scarcely an exception to the rule, and in every case where the relation has *not* been observed between these measurements, the operations I have made have required repetition. Finally, he has given us the best instrument yet devised to overcome the mechanical difficulties to be encountered.

His urethrotome combines all the good qualities of a divulsor, and supplements it with a blade capable of most accurate adjustment; in this respect superior to the urethrotomes of Maisonneuve and Civiale, as it may be expanded

to a degree sufficient to divide any Stricture fibres that may be traversed by its blade. Dr. Otis asserts that Strictures divided by this instrument, or by any other, in accordance with the irrevocable law, of complete division of every fibre, followed by the daily use of sounds of the full capacity of the canal, until all bleeding ceases, *will accomplish a speedy cure.*

We have, by the propositions submitted, an accurate and scientific method of treating a dangerous and repulsive disease, instead of an arbitrary, unscientific and universally-conceded unsuccessful means of removing a common and distressing surgical malady. Professor Otis invites the profession to a trial of his methods, to an examination of his statements, and asks, that having examined and tested, we give the results of our investigations and experience, that an intelligent opinion may be formed of what is conceded to be a new departure in urethral surgery, so that it may stand or fall by such honest and searching investigation. In accordance with this request I herewith submit a report of forty-five cases, nearly all of which have been recently examined, and the results of which are presented with an earnest desire that they may incite the examination the importance of the subject demands.

The tabulated statement accompanying this paper contains a number of cases of special interest.

No. 12 was a case of long standing, and had been treated with sounds for a considerable time, but when their use was relinquished, the contraction immediately reappeared, bringing with it a train of disagreeable and painful symptoms. The operations made have effected a perfect cure, as an examination on the 19th ult. reveals not a trace of Stricture. The operation in this case was followed by a downward curvature, which persisted for more than a year. It has now ceased.

No. 16 had been under my care for two years, constantly treated with bougies, and the Stricture persistently re-contracting. The patient is cured, as a recent examination

indicates a canal restored to its normal calibre at every point.

No. 13 is a case full of interest, as showing the reflex effect of these difficulties, as the pain in his testicles and legs has been entirely removed for several months, but reappearing upon recontraction, to disappear again upon severing the strictured bands. When the first two operations were made, I was a novice in this method of treatment, and worked timidly. The last operation shows a satisfactory result, and, I believe, there will be no further return of his difficulty.

No. 21 is a crucial test of the efficacy of thorough division of Strictures by incision, as this patient has been under my personal care for the last ten years, all of which time his Strictures were dilated from 12 to 15 English scale, and the sound constantly indicated contraction at the membranous portion. The bulbous sounds and the urethra-metre defined Strictures at the meatus, a second, at one inch, and a third, at one and three-quarter inches. These were cut by the meatome and dilating urethrotome to 35; when a 34 sound passed by its own weight into the bladder, without obstruction or resistance at the membranous portion—the apparent Stricture proving to have been wholly spasmodic. The result is entire recovery, with his urethra restored to its full capacity. It is more than a year since the operation, and on the 20th ult. there were no signs of recontraction.

Nos. 3, 6 and 11 were cases presenting many points of great interest, but neither space nor time will permit me to comment upon them as they deserve.

If in No. 3 a *perfect* result has not been secured, the improvement is so satisfactory as to at least fill the patient with gratitude. No Strictures remain, the prostatic enlargement is very considerably diminished, the involuntary micturition ended, and manly vigor taking the place of feebleness of body and mind.

No. 31 was followed by urethral fever of a severe character, confining him to his bed for two weeks. All special treatment being suspended during the attack, it was followed

by considerable recontraction. The second operation was followed by no bad symptom. Recovery complete, as reëxamination one year after evinces.

In two cases, 14 and 26, there was severe hæmorrhage, but there was no difficulty in checking it.

In 26, it is singular that so soon after the operation, the diabetes should have disappeared. I do not know that it had any influence over the diabetic disease—it certainly did not if the difficulty grew out of cirrhosis of the liver, for this progressed to his death; but if the disease depended upon cerebral irritation, then it is altogether probable that it very greatly influenced it, if it did not entirely remove it.

No. 42 is of special interest. At my first visit, July, 1876, I found this patient suffering from acute cystitis, nephritis and urethritis. His age was sixty. Twenty years prior he had had gonorrhœa. Had been treated within a few years for enlarged prostate. At this time he micturated every half hour; bladder, however, could only be emptied by catheter. Otis's urethra-metre passed back to the bulbo-membranous portion, and turned up to 33—not quite the capacity of the urethra—detected, on withdrawal, Strictures at $4\frac{3}{8}$ inches and others not well defined, because of the severe urethritis anterior to this. A No. 12 catheter passed without much difficulty.

The inflammation increased until an abscess formed just anterior to the scrotum, and discharged urine and pus, leaving about four inches from the meatus, a fistulous opening through the raphé into the canal. From this time the acute symptoms subsided, the nephritis gradually ceased, and convalescence was established with the fistula remaining. May 19th, ult. Operated to relieve the Strictures anterior to fistulous opening, of which there was one at $3\frac{3}{4}$ inches, calibre 34, one at 2 inches, 35, and another at $1\frac{1}{2}$ inches contracted to 34, cutting them all to 36.

May 29th. All bleeding having ceased upon the passage of the sound, I operated to close the fistula, which was successfully done over a 36 sound.

An examination on the 18th inst., gave passage to a 36 sound, without obstruction. No prostatic enlargement.

The forty-five cases tabulated comprise less than one-half of those I have operated upon in private and hospital practice. My record shows over 100 cases, but many are now under treatment, and others have passed so far beyond my observation, that I have not included them in this statement; but I may say, that I am yet to meet with the patient who complains of results attained, while to the medical gentlemen who have observed some of these cases to their conclusion, it has brought convincing proof that we have entered upon a new era in urethral surgery; that the opprobrium may be removed of pronouncing a patient cured of a disagreeable malady, and yet dooming him to the constant use of an instrument, always more or less painful, and often dangerous in its employment.

There has been a remarkable immunity from accidents. In but one case have I seen urethral fever; in but two severe hæmorrhage; in but two cases have anæsthetics been used; in but two cases have the patients been confined to their rooms beyond one day, and, on the whole, I am confident that accidents occur less frequently by this method than even by gradual dilatation. There is good reason for this. Nearly all, in fact all the authorities state, that Strictures more frequently occur near the bulbo-membranous portion, and, consequently, sounds are passed the whole length of the urethral canal, whereas my statistics show that but a small proportion of Strictures occur in this vicinity, and when those anterior to the bulb are divided thoroughly, those in the bulbo-membranous portion are found to have been spasmodic.

Another fact—all but five of my cases have a history of gonorrhœa, many of them mild cases, yet they left their mark on the delicate tissues leading to the bladder, and finally developed into dangerous maladies.

I will close my paper by calling attention to a few facts elicited by my tabulated record:

Normal Urethral Calibre.

| | No. of Times. | | No. of Times. |
|------------------------------|---------------|------------------------------|---------------|
| 32 mm. in circumference..... | 8 | 38 mm. in circumference..... | 1 |
| 33 " " | 5 | " " | 4 |
| 34 " " | 15 | | |
| 35 " " | 4 | Total..... | 45 |
| 36 " " | 10 | | |

Locality of Strictures.

| | | | |
|--|----|---|-----|
| First quarter inch..... | 26 | $4\frac{1}{4}$ - $5\frac{1}{4}$ in..... | 7 |
| $\frac{1}{4}$ - $1\frac{1}{4}$ in..... | 18 | $5\frac{1}{4}$ - $6\frac{1}{4}$ in..... | 2 |
| $1\frac{1}{4}$ - $2\frac{1}{4}$ in..... | 25 | $6\frac{1}{4}$ - $7\frac{1}{4}$ in..... | 7 |
| $2\frac{1}{4}$ - $3\frac{1}{4}$ in..... | 37 | | |
| $3\frac{1}{4}$ - $4\frac{1}{4}$ in..... | 21 | Total..... | 143 |
| Cures reëxamined; no recontraction..... | | | 24 |
| Cures—Patient perfectly well when last heard from; no reëxamination . | | | 14 |
| Perfect relief for a length of time, return of symptoms; reëxaminations; | | | |
| Stricture recontracted | | | 1 |
| Relief of most symptoms; some remaining; patient still under treatment. | | | 5 |
| Partial relief | | | 1 |
| Total | | | 45 |

Date of reëxamination. Cures reëxamined. No recontractions.

| | |
|--------------------------------|----|
| One month..... | 1 |
| Two months..... | 1 |
| Four months..... | 1 |
| Six months..... | 4 |
| Eight months..... | 1 |
| Nine months..... | 2 |
| One year..... | 8 |
| One and one-quarter years..... | 2 |
| One and one-half years..... | 3 |
| Two years..... | 1 |
| Total | 24 |

The practical value of Prof. Pease's experience as shown in the foregoing 45 Tabulated Cases of Urethral Stricture, appears to me to be very great. All were operated on by the method of Dilating Urethrotomy, and in exact conformity with the plans and requirements which have been described and enforced in the previous pages of this volume. Prof. Pease had received no individual instruction from me in regard to the operative measures. Our only personal association at that time consisted in three or four consultations in special cases. Beyond this his only opportunities for becoming familiar with my views, experience, and modes of procedure, were through my contributions to the various medical journals, to which the entire profession equally had access. Prof. Pease brought to the subject a ripe surgical experience; an earnest and generous spirit; and a willingness to test fairly the truth or falsity of statements in regard to vital points in genito-urinary surgery which I had made with such positiveness that they became simple questions of veracity. The results of the independent experience of Prof. Pease, thus acquired, is shown to have been productive of success, even better than I have ever claimed, and to have confirmed every statement of mine in the minutest particulars. Located in an interior city where the persons operated on were residents, many of whom had also been under his personal observation and treatment by old methods, for a long time previous to operation, his facilities for learning the antecedents of cases, and for making re-examinations were superior to mine, and he has been thus able to confirm, in the most positive manner, my claims as to the *radical cure of Urethral Stricture*.

In evidence of increasing interest in the subject, since the reading of his paper before the State Medical Society, in 1877, I am able to state that in May, 1878, during a transient stay in Vienna, Prof. Pease gave demonstrations of my views, and of the capacity and uses of my instruments, and that, during the same month, he operated by Dilating Urethrotomy, with success, in the Clinique of Prof. M. Verneuil, of Paris.

F. N. O.

STATISTICAL TABLES OF FORTY-FIVE CASES OF URETHRAL STRICTURE TREATED BY INTERNAL URETHROTOMY.

| Number of Case. | Age. | Cause and Date of. | Number of Strictures. | Locality of Stricture. | Size of Stricture. | Norm. Calibre of Urethra. | Condition at Date of Operation. | Complication. | Number of Operations. | Accidents after Operation. | Results. | Re-examination. |
|-----------------|------|---|-----------------------|---|----------------------------|---------------------------|---|--|-----------------------|----------------------------|--|---|
| 1 | 27 | Gonorrhoea in 1870, '72, '73. First attack 5 years previous. | 1 | Meatus. | 22 3/4 | 34 | Gleet | Gleet | 2 | | Cure | One year after. Perfect relief. |
| 2 | 26 | Gonorrhoea 1866, 9 years previous. | 3 | 1 Meatus. 2 1 1/4 in. 3 2 1/4 in. | 24 3/4 29 30 | 35 | Desire to frequently urinate, rising two or three times nightly. Slight gleet. | Gleet | 2 | | Complete cure | 2 years after. No change. |
| 3 | 34 | Had gonorrhoea once when nineteen. Had been an onanist, had also been addicted to excessive venery. | 5 | 1 Meatus. 2 2 1/4 in. 3 3 in. 4 3 1/4 in. 5 Membranous portion. | 19 24 34 34 34 | 36 | Involuntary discharge of water. Complete loss of virility, having had no erection for nearly a year.* | Enlarged prostate. Partial paralysis of neck of bladder. | 3 | | Entire removal of stricture, restoration of virility, constant improvement in tone of bladder. | March, 1877. Cure complete. Seen also by Doctor Otis's assistant. |
| 4 | 29 | Two attacks gonorrhoea. First, 13 yrs. previous, the second 11. | 4 | 1 2 1/4 in. 2 3 1/4 in. 3 3 1/4 in. 4 6 1/4 in. | 30 29 24 32 | 33 | Gleet. At times mucopurulent discharge. | Gleet | 2 | | Cure | April 1st, 1880, not a trace of stricture. |

* Additional treatment in Number 3: Galvanism to neck of bladder.

| | | | | | | | | | | | | |
|---|----|--|---|---|----------------------------|----|---|------------------|---|--|---|--|
| 5 | 22 | Had gonorrhoea twice. First attack two years previous, last attack just before operation. | 2 | 1 1/4 in. 2 3 1/4 in. | 24 30 | 34 | Gleet | Gleet | 1 | | Cure | 18 months after. Cure permanent. |
| 6 | 41 | Gonorrhoea 3 times. First, 16 years before operation. Second and third, respectively, 9 and 5 years ago. | 4 | 1 Meatus. 2 2 1/4 in. 3 4 1/4 in. 4 7 in. | 19 25 22 24 | 40 | During five years previous to operation, there was a constant gleet discharge. Urine passed "stiltidium," loaded with mucus. Is lame. Strength impaired. General condition very much reduced. Meatus passed No. 19, but 3 inches posterior to this nothing but a filiform bougie can pass.† | Gleet, Cystitis. | 3 | | Constant improvement. Three months after operation left, although greatly improved, not entirely cured. | Have not seen him since, and hence cannot state present condition. |
| 7 | 43 | Had gonorrhoea. First attack 23 yrs. previous, the second when 22 yrs. of age. | 4 | 1 Meatus. 2 1 1/4 in. 3 2 1/4 in. 4 3 1/4 in. | 26 29 31 32 | 34 | Difficulty in micturition, frequent desire to urinate. | | 1 | | Cured | Since died of cancer of stomach. |
| 8 | 32 | Gonorrhoea five years before examination. | 5 | 1 Meatus. 2 2 in. 3 3 1/4 in. 4 4 1/4 in. 5 5 1/4 in. | 24 22 14 16 19 | 32 | Frequent retention of urine. Gleet constant and persistent. | Gleet | 3 | | Greatly improved, but treatment interrupted by attack of typhoid fever. Symptoms all relieved. | |

† In case 6: At first urethra was so strictured as not to admit the urethrametre, consequently, although there were many other strictures they were never accurately defined. A filiform bougie was passed, and over it a 'Gouley's Dilator.' By this means a 11 E. was introduced as preliminary to the final operation.

STATISTICAL TABLES OF FORTY-FIVE CASES OF URETHRAL STRICTURE TREATED BY INTERNAL URETHROTOMY.

| Number of Case. | Age. | Cause and Date of. | Number of Strictures. | Locality of Stricture. | Size of Stricture. | Norm. Calibre of Urethra. | Condition at Date of Operation. | Complication. | Number of Operations. | Accidents after Operation. | Results. | Re-examination. |
|-----------------|------|--|-----------------------|---|--|---------------------------|---|---------------|-----------------------|----------------------------|---|---|
| 9 | 34 | Had gonorrhoea fifteen years before, also eight. | 4 | I Meatus. 2 2 1/2 in. 3 3 1/2 in. 4 6 1/2 in. | 22 3/4 in. 22 19 | 34 | At times retention of urine. Gleet. | Gleet | 1 | ..... | Believe him to be cured, although he has not reported since discharged. | ..... |
| 10 | 37 | Gonorrhoea. First attack 15 years previous, second attack a few months before. | 1 | I Meatus. | 26 3/6 in. | 36 | Suffering from gleeety discharge since last attack. | Gleet ... | 1 | ..... | Cured | Six months after operation. No recontraction. |
| 11 | 32 | First attack gonorrhoea 2 years before, last 1 year. | 7 | I Meatus. 2 1 1/2 in. 3 2 1/2 in. 4 2 1/2 in. 5 3 1/2 in. 6 4 1/2 in. 7 6 1/2 in. | 19 4/0 in. 19 25 35 35 38 38 | 40 | Gleet. Frequent calls to urinate at night. At times no control over bladder. Smarting sensations. | Gleet..... | 4 | ..... | Every Stricture relieved, except one at 6 1/2 in. which now admits 38. Will operate again when patient, who is out of town, returns. Gleet, as also every other symptom, completely relieved. | ..... |

| | | | | | | | | | | | | |
|----|----|--|---|--|------------------------------|----|---|---|---|-------|--|---|
| 12 | 45 | Gonorrhoea 23 yrs. ago, also 20 yrs. since, and probably 2 yrs. ago. | 4 | I Meatus. 2 2 1/2 in. 3 3 1/2 in. 4 3 1/2 in. | 28 3/4 in. 28 29 28 | 34 | Interruption of stream in urinating. Tickling sensation in urethra. | Gleet..... | 3 | ..... | Cured | One year after operation. Completely cured. Curvature rapidly disappearing. |
| 13 | 35 | Gonorrhoea 16 yrs. previous, also 15. | 4 | I Meatus. 2 1 1/2 in. 3 3 in. 4 6 1/2 in. | 16 3/6 in. 19 25 25 | 36 | Has had syphilis. Suffering intense pain in testicles. | Balanitis and phymosis, requiring an operation to relieve adhesion of the foreskin. | 3 | ..... | Neuralgia of testicles greatly relieved. | One year, sixteen days after operation. Re-examination detects no Strictures. |
| 14 | 38 | Had gonorrhoea 8 years since, second attack 18 months ago, last time, 3 or 4 months since. | 2 | I in. 2 4 in. | 26 4/0 in. 30 | 40 | Has had gleeety discharge for last two months. | Gleet..... | 2 | ..... | Man of irregular habits, and treatment interrupted. However, being now treated, Gleet entirely ceased. | ..... |
| 15 | 35 | Gonorrhoea one year before. | 1 | 1/2 in. | 29 3/4 in. | 34 | Gleeety discharge | Gleet..... | 1 | ..... | Cure | 9 months after. No return. |

STATISTICAL TABLES OF FORTY-FIVE CASES OF URETHRAL STRICTURE TREATED BY INTERNAL URETHROTOMY.

| Number of Case. | Age. | Cause and Date of. | Number of Strictures. | Locality of Stricture. | Size of Stricture. | Norm. Calibre of Urethra. | Condition at Date of Operation. | Complication. | Number of Operations. | Accidents after Operation. | Results. | Re-examination. |
|-----------------|------|--|-----------------------|--|--------------------|---------------------------|--|-----------------|-----------------------|----------------------------|-----------------------------|---|
| 16 | 24 | Gonorrhoea 3 years ago, second attack 2 years, last attack 3 mos. before operation. | 3 | 1 1/2 in. 2 2 in. 3 6 1/2 in. | 25 32 30 20 | | Frequent retention of urine. Persistent gleet. Had been treated for nearly 3 years by bougies. | Gleet | 1 | | Cure | One and a half years after. Cure perfect. |
| 17 | 23 | Had gonorrhoea in spring and fall of year previous. | 1 | Meatus. | 24 36 | | Gleety discharge | Gleet | 1 | | Rapidly recovered | 6 months after. Cure. |
| 18 | 28 | Gonorrhoea 7 years previous to examination. Also 5 years, and again contracted it nearly a year ago. | 4 | 1 Meatus. 2 1/2 in. 3 1 1/2 in. 4 2 1/2 in. Also several bands between 1 1/2 & 2 1/2 inches. | 22 32 24 29 29 | | Persistent gleety discharge. | Gleet | 2 | | Cure | One year after operation. No recontraction. |

| | | | | | | | | | | | | |
|----|----|--|---|-------------------------------------|----------------|--|--|---|---|--|---|--|
| 19 | 35 | Gonorrhoea one year before operation. | 1 | 1 1/2 in. | 29 35 | | Gleety discharge, appearing and disappearing. | Orchitis | 1 | | Cured | A little more than one year after. Cure permanent. |
| 20 | 41 | Gonorrhoea 11 years previous. | 3 | 1 2 1/4 in. 2 3 in. 3 5 in. | 22 36 35 | | For about five months had been pestered with frequent desire to urinate. Must rise at night. | | 2 | | Symptoms completely relieved. | One year after, when I find slight recontractions at 3 and 5 in. Not yet relieved. |
| 21 | 47 | Had gonorrhoea 30 yrs. before. | 3 | 1 Meatus. 2 1 in. 3 2 1/2 in. | 19 34 21 21 24 | | Had been treated for last ten years with bougies. | | 1 | | Complete cure. Stricture apparently at membranous portion proved to be spasmodic. | 6 months after. Cure perfect. |
| 22 | 27 | Gonorrhoea six years before, again 4, and lastly 1 or 2 years ago. | 4 | 1 Meatus. 2 1/2 in. 3 2 in. 4 3 in. | 21 36 27 30 30 | | Has had gleety discharge since last attack gonorrhoea. | Gleet | 2 | | Cure | 1 1/4 years after. Complete cure. |
| 23 | 60 | Gonorrhoea 40 years ago. | 2 | 1 Meatus. 2 2 1/2 in. | 19 34 32 | | Has for some years been troubled both in passing and with retention of urine. Had been treated for cystitis and enlarged prostate. | Phymosis which was relieved prior to operation for stricture. | 2 | | Cured | Nine mos. after. Cured. |