

Among the 136 cases which may be found tabulated at the end of this volume, Strictures beyond 5 inches from the meatus occurred in only five. In 136 cases (see page 317) it is shown that of *Strictures of the meatus alone*, eleven had been under a prolonged treatment by dilatation for deep *urethral Stricture*, and seven of these were cured by simply dividing

discovery of a direct influence exerted by slight urethral contraction in producing varied and grave disturbances throughout the genito-urinary tract, even in certain cases extending to distant parts of the entire economy. Within a few weeks, however, (May 1878) a careful search through the published writings of M. Civiale of Paris, (made at my suggestion by my accomplished friend, Dr. M. J. De Rosset, of New York.) I have found my claims to priority in this matter to have been without foundation. Now while I claim my own published views and observations prior to this date to have been original with myself, I hasten to concede the honor of priority in this field, to the distinguished French surgeon to whom it fairly belongs. The following quotations are from M. Civiale's *Traité Pratique des Maladies Génito-urinaires*, 2d edition, 1850.

At page 45, et seq., of his work, M. Civiale writes thus: "*Independent of its local sensitiveness the urethra possesses another kind which may be termed sympathetic.*" \* \* \* *When this sensitiveness is aggravated it may awaken sympathetic response in every organ and function of the body.*" \* \* In many cases the sympathetic (reflex) phenomena were manifest in the lower extremities, particularly in the soles of the feet. Again, at page 354, et se., "It is not rare to observe that slight encroachments upon the urethral calibre induce marked difficulty in micturition, those at the meatus having this effect not less than those located farther in."

Again at page 160, "Strictures seldom exist for a long time without exciting a series of disorders of the genito-urinary functions and, consecutively, in remote parts of the body, \* \* \* among these, gleet, retention of urine, difficult micturition, catarrh, swelling and induration of the penis." \* \* \* That which has struck me forcibly in dividing a meatus often only slightly contracted, is the sudden and complete change effected in the general condition of the patient. The constriction which seemed hardly to impede the flow of urine is no sooner divided than all morbid symptoms vanish; *the urethral walls, which were rigid, hard and inelastic, immediately recover their normal condition*; the bougie which at first passed only with difficulty and pain, slips into the bladder with ease, and in five or six days the slight incision in the meatus heals perfectly, and the patient finds himself in a state so satisfactory that it would be incredible but for the fact that the instances are again and again repeated. An effect so prompt, through means of which the significance is plain, shows that *the slightest obstruction in the urethra is able to produce the gravest symptoms, local and general.*"

Why the important teachings contained in these writings have, until now, been literally ignored in the medical literature of the English language, I leave it for the various English speaking authors of subsequent works on genito-urinary diseases and affections of the nervous system to explain.

the meatus. A still greater number were only treated for deep Stricture, exclusively, when careful and conclusive explorations showed them to be present only in the anterior portion of the canal.

*It may now be claimed that any treatment of urethral Stricture that is not based upon a knowledge of the locality and extent of the Stricture is thoroughly empirical, and, while often mischievous, is never better than palliative in its results.*

One of the grave objections to gradual dilatation is, that in order to be sure to reach all the possible points of Stricture, it must be carried *throughout the entire course of the urethra and into the bladder*. In the absence of exact information as to the locality and extent of the contractions the judgment is formed from its effect on micturition, the fallacy of which is strikingly illustrated in the cases just cited.

Urethral narrowings, or obstructions, are not considered by dilationists of any importance until they begin to interfere with urination, which often, in cases of true Stricture, does not occur until the foundation of fatal disease of the bladder or kidneys has been laid. The lack of exact knowledge implies not only a necessity for treatment of the entire urethra for trouble limited perhaps to some one small point, but gives the general impression that all cases of Stricture are much the same in point of gravity, so that operative procedure, (beyond the palliative use of bougies and sounds,) is discouraged until the life of the patient is imperilled, it may be by an obstinate retention of urine, or by an extravasation of urine into the perineum. This latter accident not rarely takes place behind Strictures of large size, the urine burrowing through the urethral walls, resulting in perineal or scrotal fistulæ, and possibly in fatal extravasation of urine into the general subfascial cellular tissues, as shown at pages 296, *et seq.* This loose and unscientific treatment of Stricture leaves the patient in complete ignorance of his peril from the early inception of his trouble until his life is endangered, when any operation looking to radical relief is approached under the most unfavorable circumstances. The results of such operations, if unfavorable,

are made to discredit all operations, and are scored as an argument in favor of gradual dilatation, when, in point of fact, the insidious and fatal peril has been nursed and encouraged, from its inception to its culmination, by the treatment which was carried on in ignorance of the extent or exact locality of the Strictures.

## CHAPTER XVI.

## STRICTURES OF SMALL CALIBRE.

**I**N every other disease or difficulty it is considered the duty of the surgeon as far as possible to recognize the approach of danger, and to attack the trouble in its inception. Urethral Stricture, however, appears hitherto to have been the exception to this rule. The causes of Stricture have long been appreciated. It is known to result upon an inflammatory process usually of gonorrhœal origin. So frequently does Stricture to a greater or less extent follow an attack of gonorrhœa that it is the rule rather than the exception, and yet, it is common for persons, the known subjects of repeated attacks of gonorrhœa, to suffer from what are termed obscure troubles of the genito-urinary organs, such as recurring orchitis, recurring cystitis, supra pubic, and sciatic neuroses, gleet, frequent micturition, etc.

These troubles may and do exist under the very eye of the surgeon, without any attempt having been made to test intelligently the presence or absence of urethral Stricture. It may then be broadly stated, that while urethral Stricture is the result of inflammatory action from various causes, close urethral Stricture, as a rule to which there are few exceptions, is the result of neglect to discover and treat this disease in its early stages, during which, with the means at present within the reach of every surgeon, it may be promptly cured with but little inconvenience and still less risk to the patient.

*“Chronic urethral discharge, commonly called gleet, is the signal which nature hangs out to notify the intelligent surgeon that an obstruction to the normal working of the muscular apparatus of the urethra has occurred, and that Stricture has been*