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A CASE OF SUPPOSED

IMPERMEABLE

STRICTURE OF THE URETHRA,

CURED BY DILATATION,

WITH REMARKS.

PRESENTED by the AUTHOR.

BY

KELBURNE KING, M.D., EDIN.

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STRICTURE OF THE URETHRA.

Of late years, no surgical disease has received a greater share of the attention of the profession than stricture of the urethra. We rarely take up a periodical without finding mention of some "New Method of Using the Catheter," or some mode of producing "Instantaneous Cure of Strictures." The treatment by bougies, almost universally recommended to the exclusion of all others ten or fifteen years since, is now apparently considered too slow and too commonplace to demand much attention. Mr. Guthrie, indeed, (*Lancet*, 1851, vol. i., page 619), tells us that "a hard and elastic, or intractable stricture is never permanently cured by dilatation," while others, taking a still gloomier view, pronounce that whatever be the treatment adopted, "relapses are the rule, and perfect cure the exception."—*Lancet*, vol. i., 1853, page 58.

If such be the result of the ordinary treatment of this very common disease, we cannot wonder at the almost infinite variety of appliances and procedures recently proposed, from the application of caustic potass, so strongly recommended by Mr. Wade, to the last complicated proceeding, communicated by M. Maisonneuve to the Academy of Sciences of Paris. Of these, I may simply allude to the method of rapid dilatation by Mr. Wakley's instruments, of incision into the urethra behind the stricture, as proposed by Mr. Simon, of puncture through the rectum, as practised by Mr. Cock, internal incision by M. Reybard, and lastly, subcutaneous incision, as proposed by Mr. J. Z. Lawrence, in a late number of the *Lancet*.*

Good, no doubt, will ultimately arise from the full and free discussion which these different methods of treatment necessarily occasion. In the meantime, it may be well to glance at one of the most important points which have been recently noticed, and consider the effects which its establishment, as an acknowledged fact, will produce.

The statement of Professor Syme, of Edinburgh, that all strictures are permeable, is in my opinion, of the utmost importance with reference not merely to the operation which he recommends, but to the whole treatment of this disease, and if the general admission of this

* Having been Mr. Syme's house-surgeon at the time, I remember that he made use of subcutaneous incision in his early cases, but abandoned it in consequence of the occurrence of extravasasion.

fact should be the only result of his labours, he will have conferred a great boon on the profession. My object, in the following paper, is simply to exhibit a case in which a stricture, supposed for years to be impermeable, was proved to be otherwise, and to express my firm belief that the word impermeable, in connection with stricture, uncomplicated with other diseases, ought to be banished from the vocabulary of the surgeon.

Some difficulty in settling this point arises from the fact, that two circumstances have to be taken into account, one the condition of the part operated on, the other the skill, patience, and other mental and physical qualities of the operator. Setting aside altogether the remarkable facility that some men may acquire from peculiar circumstances, personal and accidental, it is clear that it will make a considerable difference to the majority of surgeons, whether they suppose that they are engaged in an operation which, with ordinary skill ought to be successful, or in one which frequently defeats the highest surgical talent. It is not a long time since it was believed that dislocations of the hip joint were irreducible. No disgrace, therefore, was attached to the surgeon who did not overcome a difficulty then thought insuperable. The fallacy of this idea was pointed out, and what would now be thought of any one who was habitually unsuccessful in replacing recent instances of that accident? A considerable experience convinces me that the same rule holds good with regard to strictures. Surgeons have been accustomed to read of them as frequently impermeable, and to see them treated as such in the hands of eminent men, and have, in consequence, bestowed less pains in overcoming them than they otherwise would. I have repeatedly had strictures sent to me as impermeable, and, on enquiry, have found that they have been condemned to that hopeless condition because a catheter as large as the ordinary bougie No. 1. could not pass. I would state very confidently, that if sufficient pains be taken in the selection of instruments, and sufficient care and patience exercised in their introduction, those cases will be few indeed which will be set down as impermeable, and perhaps so infinitisimal in number, that we may be justified in adopting the axiom that *strictures are permeable*. My attention was first forcibly directed to this circumstance by the case of a man who consulted me several years ago, on account of retention of urine, but protested against any attempt to use the catheter, because he had been long under treatment for stricture in a metropolitan hospital, without any instrument having been got into his bladder, and had been told on his dismissal, that he need not expect any relief from instruments, as there was no passage for them. Yet this man, having been induced to submit to a somewhat protracted trial, was found to have a tight stricture certainly, but one which yielded with tolerable facility to the graduated use of bougies. In this case, however, a long time elapsed between my seeing the patient and his sentence having been pronounced, so that it is quite possible some alteration may have taken place between times. I have thought it might not be out of place to give the details of a case to which this objection does not apply, and have selected the following from several cases occurring in my own practice within the last three

years, and in which strictures, supposed to be impermeable, yielded to the use of the bougie.

On the 30th January, 1854, I was asked by my friend Mr. Hodgson of this town, to visit G. C. R., a solicitor's clerk, aged about 31, who gave the following account of his case. He stated that since 1845, he had never been free from urinary complaints—the commencment of which he attributed to the use of a solution of nitrate of silver for the cure of a gleet. For the first three or four years, though he suffered a good deal from frequent slow and painful micturition, he did not experience much actual inconvenience, except after committing some error in diet or other imprudence. In 1849 he contracted a fresh gonorrhœa, and the discharge was so obstinate, that suspecting it might be occasioned by the existence of stricture, his surgeon attempted to pass a bougie, but in spite of frequent trials did not succeed in reaching the bladder. His sufferings increased, but he was not obliged wholly to lay up till the month of October, 1850, when, in consequence of some slight excess, he had a severe aggravation of his symptoms. The calls to empty the bladder became very frequent and painful, and he began to experience fits of retention. He became subject to what was considered a kind of rheumatic fever, with severe pains shooting down his thighs, and legs, frequent rigors, low spirits, and general debility. At this time he was for two years under medical treatment, and many attempts were made to penetrate the stricture, but without success. His condition became gradually worse, the fits of retention more frequent and severe, and he suffered dreadfully from neuralgic pains of the limbs and feet. In 1852, this last symptom was thought so urgent, as to require the application of blisters to the feet and ankles. Daily attempts were again made to pass a catheter, but without success; and though the pressure of instruments often caused the urine to flow after their withdrawal, only once during the whole period of treatment was it observed to escape through the catheter. About this time he became acquainted with Mr. Wade's *Treatise on Stricture*, and at his own request the caustic potass was applied as there recommended. He stated that, when pressure was made for a minute, he felt as if something gave way, and the instrument could be easily pushed in for a considerable distance. A flow of urine usually followed its withdrawal, and in this way his attacks of retention were frequently relieved. These became, however, more and more frequent, and could not be relieved by the catheter; the other urinary symptoms increased in severity, his general health became much affected, and his strength greatly reduced. He could hardly sit up in bed, but had to be propped by pillows. By the advice of a physician he left Hull, and went for change of air to a village on the opposite side of the Humber, but not experiencing any benefit, he went to London, and consulted a homœpathic physician. As globules proved ineffectual, he was referred by his adviser to a surgeon, who, on examination, informed him that he laboured under spermatorrhœa. This surgeon made many attempts to pass instruments, and introduced various ointments into the canal, but never reached the bladder. I may state here, that in all these attempts, considerable bleeding took place from the urethra. From London he

went to Brighton, where his general health improved, and he returne
to Hull in the latter part of 1853, considerably stronger, but sufferin
as much as ever from his urinary symptoms. In December, 1853, h
got cold in travelling, and had a severe paroxysm of his complain
By this time his urine never passed in a stream; he had incessant cal
every half-hour, night and day, but only a few drops dribbled away
a time. Having taken a single glass of whisky and water, he ha
some days before I saw him, a violent fit of retention with pain and strai
ing. He got into a warm bath, and passed a bougie as far as he coul
in the hope that, as frequently happened with him, its pressure migh
cause the urine to pass. This result did not follow, and he observe
that some blood passed by the anus. He then sent for Mr. Hodgso
who passed a catheter readily up to the eyes without using the lea
force. The pressure of the instrument excited a copious flow of urin
but it was noticed that it all passed by the sides, none through th
aperture. The patient likewise observed that some drops came awa
per anum.

On the evening of the following day (30th January, 1854), I saw hi
along with Mr. Hodgson. We found that a full-sized catheter passe
easily apparently in the right direction, and as far as the length of th
instrument allowed. But no urine came away by it, although he ha
passed none since morning, and the tumour in the hypogastric regio
proved that the bladder was full. On passing my finger into th
rectum, I found that the beak of the catheter had entered the cavity
that bowel by a false passage, which, on withdrawing the cathete
could be distinctly felt as a roughened surface on the anterior aspect
the rectum, about an inch above the anus. The nature of the cas
and the necessity of confinement to the house during the early stage
of the treatment having been explained to the patient, he requested
few days to arrange his affairs, and it was the 5th February before
saw him again. We then succeeded, though not without considerabl
difficulty, and after a long trial, in passing catheter No. 1 through th
stricture into the bladder.*. A large quantity of offensive ammoniac
urine was drawn off, and the patient watched with great pleasure th
stream running from the catheter, which, small as it was, he said greatl
exceeded what he had seen for years. The instrument was retained i
the bladder for forty-eight hours—a point of great importance in case
of very confirmed stricture. I could then have brought about a seem
ingly quicker cure by means of rapid dilatation; but if stricture
occasioned by the deposition of adventitious structures which a
capable of absorption, it is clear that to procure this absorption tim
must be given—the effects of rapid dilatation must be purel
mechanical—and this sort of dilatation or stretching, though it may b
carried to a very great extent in mucous canals, is never permanen
being followed by a speedy return to the original dimensions. As th
great object in the treatment of stricture is to obtain a permanent cur
we must discard as much as possible the fallacious assistance derive
from mere mechanical stretching, and place our main reliance on thos
means which promote absorption of the abnormal tissues. There
no way to attain this end in the vast majority of cases, so certain, a

* The catheter No. 1 I use, is four sizes smaller than the usual bougie, No. 1.

the slow and graduated use of bougies. In reference to the frequency with which this operation should be repeated, it must depend on the nature of each particular case. It ought not to be done so frequently as to occasion pain—twice a week is often enough, and even once a week will, in many cases, be found sufficient.

I have little more to say regarding the progress of this case. Instruments were introduced at intervals of three or four days. He never had a bad symptom of any sort, and progressed so favourably, that on the 10th April the largest sized bougie could be passed with readiness. He had long before resumed his usual duties, and from that time till the present day (September 6, 1855), he has never had any return of his former symptoms. On dismissing him, I recommended that he should have a full-sized instrument passed once a month for some time—an injunction he soon ceased to attend to; but I took an opportunity lately of examining his urethra, and can vouch so far for the permanence of the cure.

I have entered at considerable length into the details of this case, not because there is anything remarkable about it—considered simply by itself—but because it is a sample of a class of cases sufficiently numerous to call for some remark and consideration. There was originally permanent stricture, combined with great irritability of the canal. The instruments employed for its cure (judging by those I saw), were too large to penetrate it, and the fatal facility of classing it among "impermeable strictures," prevented those exertions which would have long before restored the canal to its normal condition. It also illustrates the utility of the ordinary method by dilatation in a case where the too ready employment of this word "impermeable," had condemned the patient to years of suffering. The means of remedy were simply and at hand—but from a belief that the cure was beyond their reach, they had not been taken advantage of, and I have been induced to select this from many other cases of the same sort which have been brought under my notice, for the purpose of lending what assistance I can in dispelling an allusion which is still too widely spread.

The extent to which the false passage was carried in this case is something remarkable. In spite of the statement made by the patient regarding the passage of blood and "water" per anum, I was not prepared to find that the bowel had been actually penetrated. It is not easy to limit the course of an instrument which has once passed out of the urethra, but I do not think that a bougie or catheter could have been forced through the walls of the rectum, but for the assistance afforded by the caustic potass. This agent has always appeared to me too powerful in its action on living tissues, to be with saftey thrust in the dark against an obstacle never very distinctly defined, and which is no more liable to its effects than are the surrounding healthy structures. In ordinary cases its aid is not required, and for extraordinary cases there are other means safer and better, because more under the control of the surgeon This case presents to us one of the effects which may result from its application in a wrong direction.

There is another point in the treatment of stricture to which I would call attention, in connection with the foregoing. In surgical writings and lectures, we occasionally find it recommended to make pressure

against a stricture which does not readily yield. In this way i
absorption is promoted, the strictured part gradually reduced,
ultimate cure greatly facilitated before the stricture has been pe
at all. This process has received the name of "tunnelling,"
been recommended on high authority. Now, there are doubtle
strictures which do not admit of penetration at the first atte
it may soothe a patient's mind to allow him to suppose that t
successful attempts clear the way for what is to come afte
have never observed, in my own experience, that any real g
followed from them. In the case related, it was tried for y
without even retarding or alleviating the progress of the sy
However, it may be explained, I have never seen any benefic
until an instrument can be fairly passed into the bladder.
therefore, advise no one to linger tunnelling on the thresh
stricture, but, with all expedition, by patient, steady, and gen
pulation, strive to penetrate it, regarding that as the first indis
step towards a cure.

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