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ADHERENT AND CONTRACTED PREPUCE,

COMMONLY CALLED

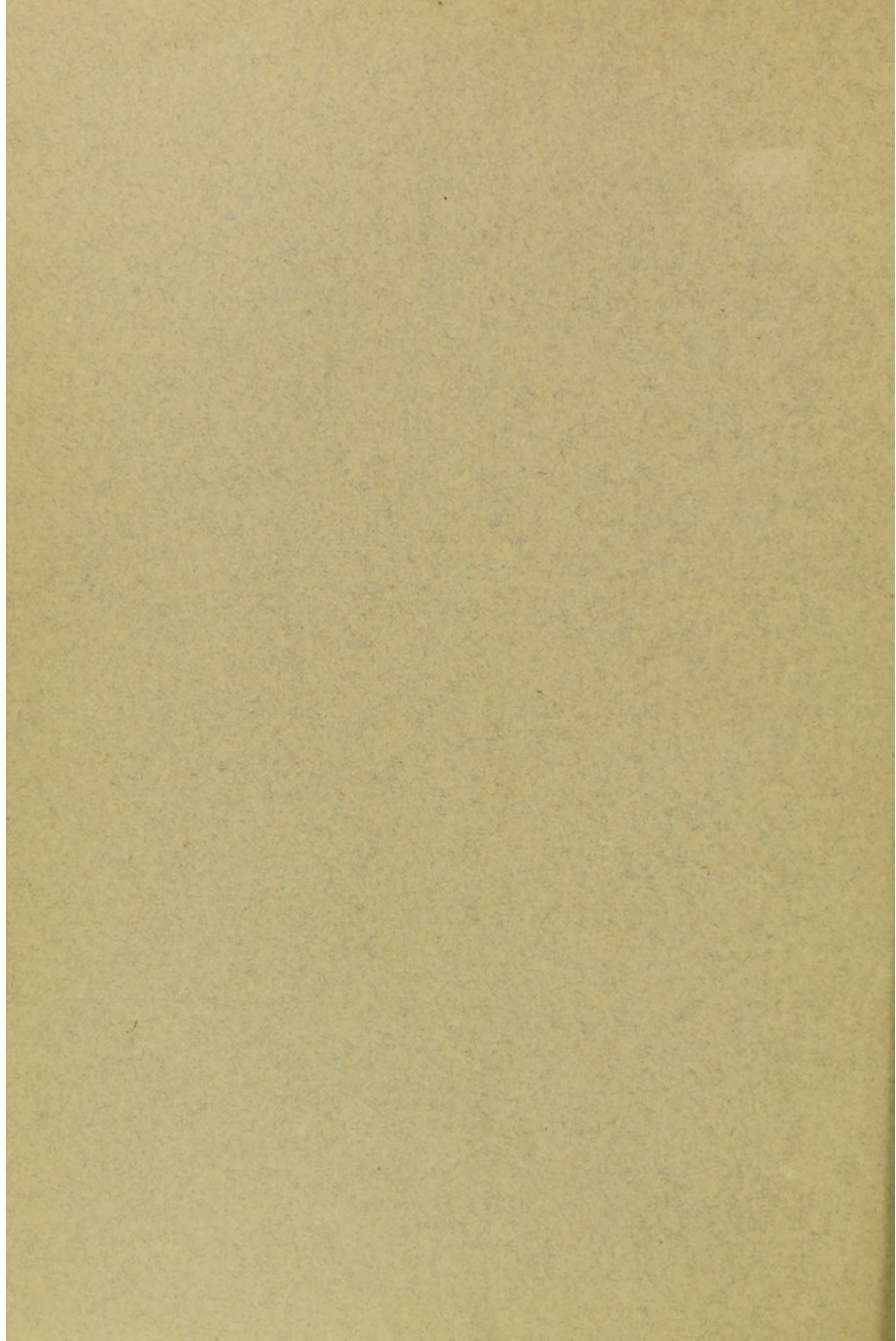
CONGENITAL PHIMOSIS.

Read before the Philadelphia County Medical Society, April 11, 1883.

BY DE FOREST WILLARD, M.D.,

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ADHERENT AND CONTRACTED PREPUCE, COMMONLY CALLED CONGENITAL PHIMOSIS.

FROM personal inspection of several hundred male genital organs in young children I am convinced that the condition known as adherent prepuce is a very frequent one in boys under the age of three years, and that it becomes gradually liberated during the succeeding years by the manipulations of the individual. The condition is caused by the cells of the rete Malpighii upon the under-surface of the fold failing to harden; hence remaining protoplasmic in their nature, agglutination is the result. This union, which is slight, may be due to the projection of the net-work of fibres beyond the cells, thus securing an interlacing and moderate degree of adhesion. Ranvier contends that the true protoplasm in all cells derived from the ectoderm is the clear substance in which they are embedded, rather than the threads themselves.*

While this adhesion continues there is always an appearance of elongation and contraction of the prepuce, denominated congenital phimosis, which has upon many occasions led to the sacrifice of this fold. My desire to-night is to demonstrate that this adhesion is a very common condition; that it should not be blamed for all the disorders attributed to its existence; that in the majority of cases it is remediable by simple measures; yet that its continuance may lead to extremely serious consequences, and that whenever resultant symptoms occur the glans should be uncovered by stripping or, rarely, by circumcision.

Unfortunately, I have not accurate records of all my cases, but I can now recall but few instances in children under thirty months of age where the foreskin was entirely free from the glans. As boys pass this period I have found that the line of adhesion recedes from the meatus little by little, until at five about one-half of the glans can be exposed; at seven there is still a rim of agglutination in front of the corona, and at ten the fold can be retracted without much trouble.

This is the rule; the exceptions are quite

numerous, and it must be thoroughly understood that there are different degrees and forms of preputial variation, dependent upon the age of the patient, the amount of manipulation to which the penis has been subjected, and the degree of original abnormality. When small boys are associating freely with older ones they will not be long in discovering that it is a desirable thing to be able to disclose the glans, and they will suffer the slight pain of the daily gradual stripping of the head of the organ rather than be the subject of ridicule from their comrades. When the prepuce is simply adherent, and is not contracted, the lad will become his own surgeon and speedily effect a cure; but when stenosis exists he will have more difficulty, yet even here he is usually equal to the emergency, and by the age of ten has dilated the foreskin most thoroughly. The operation is hastened also by the very common practice with boys of closing the outlet of the foreskin and then filling the pouch with urine, which exercises a very powerful stretching influence. When true phimosis, however, exists, the surgeon should be the operator, as the boy's manipulations will tend to establish habits which may prove very injurious afterwards.

As I have found phimosis in children, the contraction is usually more apparent than real, and I have records of at least seventy-five cases in which at first sight it would seem impossible to retract the prepuce. Many cases will be met with in which the constriction will appear to be very tight, but after a moment's manipulation, during which the organ has become slightly erect, it will be found that patient pressure will cause the foreskin to glide backward and the meatus will be exposed. Perhaps not more than one line to the rear of the opening, and completely encircling the glans, will be seen the line of adhesion, and hardened smegma will be felt behind the corona. In these cases it has become the frequent habit to circumcise; but if the surgeon will simply grasp the organ with the forefingers and thumbs of both hands

* *Comptes-Rend.*, xcv. 1374.

he can without difficulty strip the prepuce backward, drawing first with one thumb and then with the other until in one minute of time, and with no more exercise of force than is required to remove the peel from an orange, the glans will lie uncovered, the retained smegma can be easily wiped away, and the foreskin freely drawn backward. The bleeding is usually scarcely more than the oozing of an abraded surface. If the contraction has been tight, it is well to return the prepuce at once, before turgidity of the glans occurs, after which oiled absorbent cotton can be thoroughly packed behind the corona with a probe. If there has been no stenosis, the cotton can be introduced before the prepuce is restored. In case of delay the swelling often becomes so great that a couple of probes may require to be inserted alongside the glans, or a hair-pin may be used as a track upon which to slide the foreskin to its place while the glans is compressed. For a few days the soreness and œdema will prevent retraction, but olive oil can be injected, or cosmoline upon cotton packed within the pouch; later daily retraction, with the use of oiled cotton, will prevent an adhesion of the two surfaces. Instruction should now be given that this portion of the boy's anatomy—*i. e.*, the rim behind the corona—should receive a daily ablution, and thus all readhesion and the accumulation of smegma will be prevented. I now circumcise about one-tenth as many patients as formerly, simply because, while I believe that the condition of adherent and contracted prepuce will if neglected produce serious results, yet I have found that nine-tenths of the cases presenting even contracted prepuces can be relieved by the simple manœuvre above described.

This method may not become popular with those who delight to make a great show of instruments, numerous assistants, anæsthetization, etc. (and to pocket large fees); but to the conscientious surgeon, who desires to accomplish the greatest amount of benefit to his patient with the infliction of the least amount of pain, this plan offers a most attractive opportunity; and it is especially of service where parents are very averse to an operation. In cases where the prepuce is still more contracted, a few moments' dilatation with the ordinary dressing-forceps will permit the manipulation described, and a few days

of stretching will give a freely-movable prepuce. In cases of the next degree of contraction, forcible dilatation with phimosi forceps, or with a cervix uteri dilator, or a slight incision made through the mucous surface, will liberate the stenosis and expose the glans.

The use of a probe is sometimes necessary to tear up the adhesions.

When the contraction is extreme, the shortening and condensation of the inner layer great, or where the orifice is so small as to seriously interfere with the escape of urine, circumcision should be practised without hesitation, especially if the slightest symptoms of irritation are presenting themselves; but any one pursuing the method described will be surprised to find how seldom the operation becomes necessary, even when at first sight apparently demanded. In boys past the age of twelve, and in adults in whom congenital phimosis still exists with adhesion, more difficulty will be experienced in drawing the prepuce backward, and an operation is demanded in a much larger proportion of cases than would be requisite in the same apparent amount of narrowing in young children. The very existence of the condition at this age shows that the abnormality is great, and delay may cause atrophy of the glans. Park* reports twenty-five per cent. of boys in whom "retraction was out of the question." While I believe that "not one young boy in five can easily retract his prepuce," and if under five years of age not one boy in twenty, yet I am strongly inclined to believe from my experience that in a goodly percentage of the boys which he has described retraction could have been effected by a few moments' manipulation, or by simple dilatation with the dressing-forceps. If we secure an uncovered glans with a prepuce that can be easily drawn backward, I believe that, with cleanliness, we have a much more natural and healthful state of affairs than if the delicate mucous membrane of the head of the penis is exposed to irritating influences and the attendant evils enumerated below.

I am not yet convinced, from reading or from observation, that Hebrews are any more virtuous than Gentiles, or that they are less liable to syphilis, or that their unclothed glans are in any healthier condition than are those of individuals who are

* Chicago Med. Jour., December, 1880, xli. 565.

willing to give their penis the same care that their hands and feet receive. Uncleanliness, in any part of the body, is productive of disease, and the penis is no exception to the rule. As to the theory that the uncovered glans can be more easily cleansed after a foul coitus, or reached in case of chancre, I cannot conceive that it is any part of the duty of a surgeon to prepare men for the leading of corrupt lives.

The observations of Otis,* Mastin,† and others show that the removal of the prepuce subjects the glans to an abnormal irritation, which ends in contraction of the meatus and hardening of the membrane from plastic exudation. Surely such a condition, in case of gonorrhœa, would counterbalance the danger of chancrous infection in a prepuce which could easily be drawn back for purposes of ablation. Mastin‡ has found this condition in nearly all Jews examined, and believes that it may become as much a source of genital irritation, with the results of urethral, vesical, and even general involvement, as is contracted prepuce itself. Seguin also states that Hebrews present evidences of marked reflex disturbances from genital origin with remarkable frequency; and Beard holds the same view.

I had prepared a series of histories of individual patients, but, as the details would extend this paper far beyond its desirable limit, I will rather venture to give you the impressions that these cases have made upon my own mind. The results of contracted prepuce are exceedingly varied, but we will first consider the influence upon the urinary organs themselves. First, we may mention *frequent priapism*. That the constrained position of the glans, and the retained smegma, should act as a disturbing influence, is most natural; and the results of undue excitation must, in time, have a decided effect upon the impressible nervous system of the child. Let me remark just here, in answer to a question which must arise in the minds of each one of you, if the glans is adherent in the majority of young children, why do not the majority of children present resultant symptoms? To this the only answer is that in this, as in every other condition, a certain number of indi-

viduals will possess counterbalancing or resistive powers, while others will be easily overcome. A hundred men subjected to the same harmful external influences will present almost as many varieties of result; even twin children, having the same extra- and intra-uterine surroundings, will fail to correspond, either in their mental, moral, or physical susceptibilities. Hence a majority of the children with adherent prepuces may escape all trouble and continue healthy, while the others will present various forms of irritation.§

The next result which I have commonly seen is *dysuria*,—a condition which may vary from that of a too frequent desire, up to the tenesmus and pain which will sometimes produce a convulsion. As I have met with these cases, the gravity of the symptoms has seemed to depend in great measure upon the amount of difficulty experienced in forcing the water through the narrowed orifice. When the back-pressure is great, as it is in pin-hole stenosis, the bladder soon becomes excessively irritable, and actual cystitis may result.

Frequently the patient will cry and strain until exhausted, while the reflex spasm will be so great that retention will often continue until hot baths and appropriate remedies have given relief. The spasmodic desire to urinate will sometimes awaken an infant from a sound sleep, and not even food will appease the violent screams. This condition is often mistaken for colic; but careful observation will show that relief comes after a discharge of urine, not of fæces or of flatus. In older children, the pain will render the patient restless and fretful at night, the distress often being so great that perspiration is profuse, and, if the spasmodic contractions are violent, even convulsions will result.

It is chiefly in these cases that I have seen true convulsions occur from this cause, and in a few severe attacks I was satisfied that the preputial condition was at fault, as no other reasonable explanation could be given, and the kidneys and other organs were not diseased.

Eustace Smith,|| in a recent article on "Convulsions in Children," does not give this as one of the causes; but the relation

* New York Med. Rec., November 19, 1881, p. 578.

† Annals Anat. and Surg. Soc. Brooklyn, 1881, iii. 123.

‡ New York Med. Rec., November 19, 1881, p. 578.

§ Med. Rec., New York, 1882, xxii. p. 617. Propositions, Beard; also St. Louis Med. and Surg. Jour., April, 1882, p. 438; also Transac. Med. Assoc. Georgia, 1880, xxxi. p. 143, Richardson; also Quar. Transac. Lancaster City and County Med. Soc., 1881, ii. 65, Roland.

|| London Lancet, Amer. ed., Oct. 1882, p. 266.

between the two conditions has been made very practically apparent to me.

In many of these cases the symptoms are so closely allied to those of vesical calculus that a crucial test of exploration should always be instituted when stripping of the glans fails to relieve. But the symptoms will often be present when no uric acid concretions can be discovered. In nearly all these cases I have found the orifice so narrow that at first sight it seemed impossible to retract the fold; but I now rarely fail to slip it backward and detach it, with no instrument save the thumbs, or, possibly, a probe. Every operator acquires a dexterity of manipulation by constant practice, and he will, ultimately, strip many cases which he would at first have circumcised. Relief is speedy and permanent in nearly all cases where the bladder is not diseased.

Associated with dysuria I have frequently noted the relaxation of muscular power termed *nocturnal incontinence*, and so common have I found preputial narrowing with this condition, that I should as soon think of neglecting to examine the throat in diphtheria as to overlook the penis or vulva when this symptom is complained of in either boys or girls.

I have produced such immediate and permanent results in so many scores of cases by simply liberating the glans, or by separating and cleansing the labia, that I cannot attribute the beneficial results simply to the mental and moral effect of an operation so slight as stripping, especially as I have avoided medicinal aid. Not all cases, however, will recover speedily, and the surgeon should not promise too immediate results, since habits long established are hard to be overcome.

I have often been called, in consultation, to circumcise these children, but usually complete the cure without any mutilation. Should dilatation with the dressing-forceps, however, fail, I do not hesitate to amputate the fold.

The amount of smegma discovered behind the corona is often very great, but while it continues soft the more serious consequences of nervous disturbances do not seem to occur,—this latter train of symptoms appearing more frequently when the secretion from these glands is gritty or calcareous.

The children who suffer from nocturnal incontinence,* and especially those with

dysuria, are usually irritable, cross, and peevish, fickle in their appetites, and capricious and nervous, owing to the general malnutrition which is a result.

In all cases of enuresis it is advisable to examine the urine, since diabetes or chronic nephritis may exist in addition to the physical condition noted. The outcries of this class of patients at night, and their failing health, will often cause the careful surgeon to search for spinal or joint troubles.

When circumcision is performed, it is well to make its moral effect as great as possible by magnifying it as a punishment for the incontinence, or for any habit of self-abuse which may have been contracted.

A few cases of *pavor nocturnus*, or *night terror*, have presented themselves to my notice. The child—usually from two to four years of age—starts from a deep sleep with a sharp cry, followed by expressions of fear or sorrow, trembling violently, or striking vigorously at a supposed enemy, even though the mother use every effort to convince him of her presence. The eyes are fixed and staring, and the child attempts to utter articulate sounds, but succeeds only in producing a series of ejaculations. Often without waking, but under the soothing influence of the mother's voice and hand, the little one again sleeps, to be disturbed in the course of an hour, or perhaps not until the following night.

These paroxysms may occur only after extra fatigue or some especial excitement during the evening, and various explanations have been given as to their cause. Indigestion, hysterical conditions, excited imaginations, may all assist in producing frightful dreams; but in the few cases which I have seen the patients were all sufferers from dysuria and nocturnal incontinence, and all had either closely-contracted prepuces or adherent labia, the removal of which conditions speedily cured the night-hallucinations.

As might be expected, *prolapsus ani* and *hemorrhoids*† are sometimes produced by the excessive straining of dysuria connected with preputial stenosis: the former I have met with on several occasions, the latter never, although I see no reason why it should not naturally occur.

A condition which I have observed very frequently, however, is the coexistence of

* Morris says one in twenty is affected. *Med. and Surg. Rep.*, 1881, xlv. 652.

† Kelsey on Diseases of Rectum and Anus, p. 101.

hernia, the explanation of which is easy, and has been noted by others.*

Balanitis in boys and vaginitis in girls are, of course, natural sequences, and disease of the kidneys would not be improbable.

Some go so far as to ascribe even *struma*† to genital irritation; and, while this condition does greatly interfere with healthful nutrition, yet it seems far more probable that the morbid tendency to languid forms of inflammation would have existed had the child been absolutely free from any genital abnormality from birth. Its feeble condition might very probably, however, render the presence of an adherent prepuce an additional factor in developing wasting disease.

Pott's disease, even, is attributed to this cause; and, while everything that lowers general vitality may assist in such destructive inflammation of the bodies of the vertebræ, yet I cannot conceive that the preputial was the primary cause. True, we shall find adherent prepuce in Pott's disease, as in typhoid fever, but it should not be looked upon as prime factor.

The coexistence of adhesion with *morbus coxarius* has also been frequently noted; but, save by lowering general vitality, I am not able to trace the relation of cause and effect. The relation may be the same as expressed in regard to cases of spinal caries,—merely one of several factors; although Barwin reports eighty-five per cent. of balanitis and adhesion in his coxalgic cases.

Dana‡ has seen cases in which medicines and hygiene had accomplished all claimed for circumcision, even where the prepuce was adherent.

Taylor§ believes that imperfect sexual hygiene has much to do with reflex irritations, and advises operative relief.

Beard|| advises that the genital cause of irritation be taken with caution.

Seguin¶ gives excellent diagnostic points in relation to sclerosis.

The writings of Schweigger-Seidel** and of Bokai†† have brought the subject of genital irritation ably before their neigh-

bors abroad, as have also the notes of Verneuil‡‡ and Picard;§§ but the majority of testimony has been collected upon this side of the water.

Epilepsy I have seen occasionally associated with this adhesion, but have not obtained much relief from uncovering the glans, and am inclined to believe that the true difficulty is central and not peripheral.

Gastralgia,||| diabetes,¶¶ even diarrhœa, are all mentioned as results; but we must be careful to eliminate unreliable notes.

Uræmic*** poisoning has been noted, as have also a score of other difficulties.†††

Passing to the wider effects of *nervous phenomena*, I am sometimes inclined to feel that the existence of reflex symptoms is still debatable, and that we are too often inclined to refer choreic, incoördinate, and irregular muscular movements to genital irritation simply because an adherent or contracted prepuce is found to exist; but the more I study these cases of lack of coördination and eliminate every other reasonable causative influence, and the more I review the notes of my cases, the more satisfied I am that reflex movements do sometimes occur from this as a sole or most probable cause, and that the removal of this cause acts most promptly and permanently in effecting a cure.

On the other hand, I do not believe that we should infer at once that we have discovered the cause of a reflex paresis simply because the patient has an adherent prepuce.

So many children are subject to this condition that a careful examination must be instituted to discover whether a deeper and more central disease may not be found which is the chief factor in producing the nervous conditions noted. If sclerosis exist, or if central brain-power be wanting, removal of the prepuce cannot restore what has been destroyed, or produce what has never existed; yet even here the genital condition may act as an irritant to already weakened central ganglia, and the removal of even a minor exciting cause is desirable.

The operation of circumcision may now

* Osborn, Brit. Med. Jour., 1881, i. 427.

† St. Louis Med. and Surg. Jour., December, 1881, p. 628.

‡ New York Med. Rec., 1881, xx. p. 569.

§ Brooklyn Annals Anat. and Surg. Soc., 1881, July, p. 1.

|| New York Med. Rec., 1879, xv. p. 73; also Transactions Amer. Med. Assoc.

¶ Arch. Scientif. and Prac. Med., February, 1873. Archiv. Med., February, 1879, New York.

** Jahrbuch für Kinderheilk., B. v. Heft i.

†† Virch. Arch., Bd. xxvii. Heft ii.

‡‡ Gaz. des Hôp., Paris, 1881, liv.

§§ Annal. de Gynéc., Paris, 1882, xvii. 364.

||| St. Louis Alienist and Neurologist, 1881, ii. p. 648, Sanders.

¶¶ Transactions Amer. Med. Assoc., 1880.

*** New York Med. Rec., 1882, xx. 65, Hart.

††† Louisville Med. News, 1882, xiii. pp. 25, 49; also Amer. Jour. Med. Sci., 1880, lxxix. p. 444, Simmons; also Atlanta Med. and Surg. Jour., Jordan, 1880-1, xviii. p. 513; also Mississippi Valley Med. Monthly, 1882, ii. p. 99, McGee; also Glasgow Med. Journal, Dunlap, 1882, vii. p. 288.

be said to be fashionable; but as surgeons our duty is to consider the benefits to be obtained, and if we find that the operation fails to accomplish permanent good we should still consider it *sub judice*, and search for further reliable knowledge.

Hence we find men like Agnew saying that the majority of their circumcisions have not proved as successful as they had hoped; while Mitchell, Da Costa, Hammond, Jewell, and others have rarely, if ever, met with reflex paralysis which they could properly refer alone to constriction of the penis; yet we are all familiar with the various nervous symptoms which may occur from peripheral irritation reflected upon some other nerve-trunk, and which are no more difficult of explanation than are the convulsions of childhood from teething or from a full stomach. The presence of a minute foreign body pressing upon a nerve, neuromata, the existence of stone in the bladder, worms, and many other causes, could quickly be recalled to mind, and, if these will give irregular or incoördinate movements in muscles, it certainly does not seem strange that hardened masses of smegma from the follicles of Tyson,—perhaps gritty and calcareous in their composition, and closely confined within delicate, sensitive walls,—combined with constant traction upon, and irritation of, the glans, should give irregular muscular action.

Again, in girls and in women we find various reflex phenomena, mentioned by careful observers,* when disordered genital organs would certainly offer a more ready explanation of the cause than would the theory of sclerosis or neurasthenia. I have seen marked jerkings and twitchings of the legs, and even of the muscles of the face, in girls, relieved without medicine by the simple separation of adherent labia and strict attention to cleanliness. In one girl, of three years, irregular movements were marked, and were accompanied by a disposition to compress the labia and make friction upon them by moving the thighs. The child would sit with glistening eyes, flushed face, and excited air, indicating almost the existence of an orgasm; yet all passed away without medicine, after the genitals, reddened and inflamed, had been thoroughly cleansed and healed. The labia were adherent,

but the clitoris was normal. I have never yet seen a case in which I considered Baker-Brown's operation of clitoridectomy justifiable.

Shaffer† and Gray‡ have both raised their voices in protest against this circumcision mania, but in their zeal to arrest the tide they have gone too far, and contend that reflex paralysis never occurs in children from genital irritation. I could go through my private and public notebooks and show them many cases of reflex paresis permanently relieved by stripping or by circumcision, but their number would be very small when compared with the cases in which adherent prepuce existed, or compared with the cases of deficient coördination, in which the same operations failed to relieve symptoms which had undoubtedly had a central origin, and in which the removal had been done simply to be rid of one possible factor.

Circumcision is not a cure-all. Its application is limited; but, in the cases requiring its performance, marked benefit will result, and we should not overlook its merits simply because it has been abused.

Certainly the loosely-reported cases of Sayre§ and others require that we should carefully examine the real advantages to be gained, and apply more closely every diagnostic test to discover the cases which are remediable and those which are not.

It is not conclusive evidence to say that such a train of symptoms existed, that the prepuce was adherent and that circumcision was performed. We must know whether other causes were present, and whether operation proved of service.

When there is lateral sclerosis, or when children are microcephalic, it will require much more than circumcision to give nerve-power where none exists. Sayre may visit idiot-asylums|| and find scores of boys with adherent and apparently contracted prepuces, but if he will revisit them years afterwards he will find, as I have, only recently, that, though circumcised, they are cripples still, and would have

† Brooklyn Annals Anat. and Surg. Soc., 1881, May, p. 243; also New York Med. Rec., 1882, xxi. pp. 193, 136, 65; see also Annals, February, 1882.

‡ New York Med. Rec., November 19, 1881, p. 576; Annals Anat. and Surg. Soc., Brooklyn, 1882, v. pp. 27, 78.

§ Orthopædic Surgery; also Med. News and Abstract, June, 1880, p. 321; Phila. Med. Times, November 18, 1882, p. 123.

|| New York Med. Rec., April 6, 1878.

* Obr, Amer. Jour. Obstet., January and February, 1883; Engelmann, Trans. Amer. Gynecol. Soc., vol. ii.

been the same even though they had been subjected to the Jewish rite on the eighth day.

Shaffer also says that sclerosis may not be evident until the child begins to walk, when its awkward gait is referred to genital irritation, simply because its prepuce is adherent. Now, if my observations in regard to the general prevalence of adherent prepuce be borne out by further researches, it is not strange that the child's penis is found in this condition, as it appears to be the almost normal condition in children just beginning to walk.

The long list of symptoms and of diseases which may follow this condition is being weekly enlarged by reports of cases from all quarters, and in the flood of material we must be very careful to note first whether the adherent prepuce is simply an accidental accompaniment of the disease, existing as it does even in large numbers of healthy children, or, second, whether it be the prime cause of the neurasthenic* or reflex symptoms, or whether it be simply a minor factor. Again, we must carefully distinguish between permanent improvement and the apparent change for the better which takes place after the shock and alterative effect of an operation, producing, as it does, a profound impression upon the infant mind.

So general has become this practice of circumcision that whenever a child is found with adherent prepuce this fold is at once removed, and no other cause of difficulty searched for. This I have already shown to be necessary only in a limited number of cases. Chapman† even says that "it is always good surgery to correct this deformity, whenever it is at all aggravated, as a precautionary measure, *even though no symptoms have as yet presented themselves* to indicate the early development of such troubles as I have been endeavoring to illustrate,"—namely, secondary complications. Acting upon his theory, we should slit up all canaliculi, lest stricture should sometimes result, or dissect out every tunica vaginalis testis, lest hydrocele might occur at some indefinite

future period. Let our friend ask the next hundred men whom he meets whether they would prefer to retain their prepuces or to lose them, and I think that he will be convinced by their answers that they very much prefer the normal condition. Why should we mutilate a child unnecessarily, or perform an operation we would not dare to do upon his older brother?

The majority of the several hundred boys whom I examined had adherent prepuces, yet the majority of them were as healthy and hearty specimens of male humanity as one might desire to see. Now, as these boys are perfectly healthy, and as they will loosen their own prepuces in the natural way before they are ten years of age, why should we torture them with an operation as long as it is unnecessary and may be even harmful, as I have already shown? Is it not better repeatedly to call the attention of physicians to the early phenomena of dysuria, nocturnal incontinence, etc., which may accompany this condition, so that they may be prepared to recognize the incipient symptoms of genital irritation and at once strip the glans, or occasionally, if necessary, circumcise?

To sum up, then, I would say that if this paper shall cause any physician to investigate more closely the condition of the genital organs in all cases of urethral or vesical irritation, and in every instance of reflex nervous disturbances, or, on the other hand, if it shall cause any medical man to refrain from uncalled-for mutilation, it will not have been written in vain. My purpose has been threefold: first, to show that the condition is so common a one that it should not necessarily be held responsible for all nervous phenomena which may have arisen; secondly, that it is usually easily remediable; thirdly, and chiefly, that it may produce most serious consequences, and that in every case where the secondary symptoms enumerated are present or threatening, one very possible factor in the production of such phenomena should be removed, preferably by stripping the glans after gentle or forcible dilatation, or by circumcision whenever the milder measure fails to secure the normal standard,—*i.e.*, a prepuce freely movable over a healthy glans.

* New York Med. Rec., 1882, xxii. p. 617; also 1879, xv. p. 37; also Med. Bull., 1882, p. 248.

† Phila. Med. News, September 16, 1882, p. 314.

