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Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

TWO CASES OF OLD-STANDING STRICTURE OF THE URETHRA, SUCCESSFULLY TREATED BY INTERNAL URETHROTOMY.

(Under the care of Mr. HENRY THOMPSON.)

WE lately had the opportunity of witnessing two cases of intractable and obstinate stricture of the urethra of long standing, cured by internal urethrotomy. This mode of treating strictures is by no means new; for, amongst others, Stafford's instrument for this purpose is described in most surgical works. Perhaps more attention has been paid to the subject of internal urethrotomy by French surgeons than by ourselves; amongst the former we may mention Civiale, Leroy d'Etiolles, Ricord, Reybard, and others. We have seen Civiale perform this operation several times with the best results.

One of the most recent writers "On Stricture," Mr. Henry Thompson, in whose work the subject of urethrotomy is fully described, says:—"After a good deal of personal attention to the subject, and some experience of the methods employed, I am satisfied that internal urethrotomy offers a very successful means of dealing with certain intractable examples of the complaint. Of the various modes of conducting it, one of the best appears to me to be the proceeding adopted by Civiale. His experience has been very large, and has resulted in the plan which he now pursues, full opportunities of studying which I have enjoyed in his own practice, both private and public." (p. 243.)

Civiale's instrument is represented by a woodcut at the same page of the work, the cutting-blade lying "concealed in the bulbous extremity, from which, by means of a simple contrivance in the upper end of the sheath or canula, it can be made to project one, two, three, or four degrees, according to the depth of the incision intended." For the manner of using the urethrotome, we must refer to Mr. Thompson's work itself. We have heard this gentleman state that, for certain exceptional examples of the complaint, this instrument is useful: those non-dilatable strictures situated about three inches or three inches and a half down the urethra, just at, or anterior to, the scrotum, seem especially amenable to it by position and by their freedom from vascular connexions, while, as is well known, they are notoriously resistant to simple dilatation.

We may also observe, that it is not the small size of a stricture, but its non-dilatability, that is the character indicating division, whether external or internal. The general error, in Mr. Thompson's opinion, is in estimating the severity of the stricture mainly by its calibre. It may be very small, yet very dilatable; again, it may admit a No. 6 catheter, and be constantly producing retention.

When strictures are multiple in the same urethra, as in the first of the two following cases, the internal incision will be found a much milder operation than the external division; because Syme's operation becomes formidable when it has to be done *both* before and behind the scrotum, while the internal incision is not so.

For the notes of the following cases we are indebted to Mr. John S. Wilkinson, house-surgeon to the hospital:—

CASE 1.—I. P.—, aged fifty. Has had stricture twenty-six years, and has been under treatment at several hospitals and dispensaries. Symptoms very severe; retention frequent.

March 14th, 1856.—Came under Mr. Thompson's care at the Marylebone Infirmary. A No. 3 catheter was passed with

some trouble into the bladder, and fourteen ounces of dark urine drawn off, immediately after he had passed urine by his own efforts. A close stricture existed at the orifice, resulting from former chancres, and the principal stricture was at six inches from the orifice.

During April dilatation was carried on; but it was found necessary to divide the orifice freely, in order to arrive at No. 11, which ultimately passed easily.

April, 1857.—Symptoms reappeared; dilatation with some difficulty. Frequently dilated during subsequent year.

July, 1858.—Omitted dilatation, and became as bad as ever. Dilatation; imperfect relief.

Sept. 22nd.—Admitted to University College Hospital, under the care of Mr. Thompson. Stricture divided with Civiale's instrument the same day. A No. 10 catheter passed into the bladder directly, and retained twenty-four hours; then Nos. 12 and 13, and removed.

25th.—Passed No. 12.

27th.—Passed Nos. 12 and 13. Discharged. To have No. 12 passed daily as an out-patient.

Oct. 15th.—Passes No. 11 every third day for himself with perfect ease.

Nos. 11 and 12 passed in the ward, where he came to show himself to the class. Not a symptom now of any kind.

Dec. 7th.—Passes No. 11 himself once a week. As well as ever he was in his life.

CASE 2.—John R.—, aged fifty-six. Had gonorrhœa in early youth. Had no ill-effects till suddenly seized about thirty-three years ago with retention of urine. He was relieved by medicines and instruments since then up to 1848; the urine always passed with difficulty, and was forked and twisted. From 1848 to 1858 he has from time to time been to the several metropolitan hospitals, and had instruments passed, sometimes only stopping for the immediate relief, and at others remaining to undergo a course of catheters to dilate the stricture, which was always successful; but from the patient's neglect it was allowed to contract again as often as it was dilated.

However, in the summer of 1858, at Mr. Thompson's suggestion, he promised to enter University College Hospital, that something further might be done for the relief of the stricture; but, being bashful of the idea, he postponed his visit until the stricture had contracted very much, and he was reduced to an exceedingly prostrate condition. He was admitted into this hospital on September 6th, in a very weak, feeble, and low state, his lips being covered with herpes, and his mouth lined with aphthous sores and sordes. He had not taken any food for three or four days, was very feverish, and his pulse quick and weak. His urine, which had previously dribbled away, had now completely stopped for some hours. No. 3 silver catheter was passed, and two pints or more of foetid urine drawn off. No. 2 gum-elastic catheter was now introduced, and left in. He had two strictures, one about two inches from the meatus externus, and the other near the bulb, which was the more intractable one. He was ordered a draught of bark and soda three times a day, and dieted on beef-tea, milk, and arrowroot.

Sept. 7th.—No. 3 gum-elastic catheter was introduced, and left in the bladder; it was removed on the evening of the 8th.

10th.—No. 4 silver catheter was passed.

13th.—No. 4 silver and No. 5 gum-elastic catheters were passed; the latter was to be left in, but it could not be tolerated. Can eat, and is ordered meat diet.

21st.—No. 5 silver catheter passed, and left in for twenty-four hours.

22nd.—Mr. Thompson divided the strictures internally by means of Civiale's urethrotome. No. 9 silver catheter was passed and tied in the bladder, and an opium suppository administered.

23rd.—Did not sleep much, otherwise makes no complaint; catheter still in the bladder.

24th.—Complains of slight pain in the penis. No. 6 gum-elastic catheter kept in the bladder, and Nos. 9 and 10 silver catheters passed without difficulty.

29th.—No. 10 silver catheter passed; had rigors in the night. Ordered ten grains of compound ipecacuanha powder.

30th.—More comfortable.

Oct. 2nd.—No. 10 passed easily; patient to have No. 7 gum-elastic catheter, and pass it himself every day. The bladder now retains about half a pint of urine.

He was now made an out-patient, to attend two or three times a week, and have instruments passed. He continued to do so, and now comes occasionally. The bladder now retains about an ounce of urine, and the patient states he never enjoyed better health than he does at present.