

## TREATMENT OF STRICTURES OF THE MALE URETHRA BY ELECTROLYSIS.

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Some two years ago I became enthusiastic with regard to the treatment of strictures of the male urethra by electrolysis, and this enthusiasm was engendered by the glowing reports of cures from such treatment in some of our medical journals, and by various contributors, but notable among these were Newman, of New York, and Belfield, of Chicago.

I am now satisfied that it was the enthusiasm of the moment that led me astray, for if I had analyzed the cases reported with that candor that a medical man should always exercise I would have evinced some skepticism before beginning my work. As it was I went at the task with the enthusiasm of a devoted lover. The outcome of my devotion I lay before you to-day.

To perform the work I invested in the most approved appliances, for I believed from what I had read that dilatation, divulsion, internal and external urethrotomy were to be relegated to the dead past, so far as they were to be of any further utility in the treatment of strictures, and that all that was necessary in these cases to effect a cure was to pass the electrodes. But permit me to give you the facts from experience and the results of electrolysis as epitomized from my case-book.

*Case.*—S. K. M. presented himself on November 30, 1887, with the history of having contracted a gonorrhoea sixteen years before. The discharge continued for one year, then ceased for a time, but to again return. The discharge has so intermitted up to the present time. Examination of the urine shows an accompanying cystitis. He has been treated by many doctors and in many ways. On exploring the urethra I find several strictures, the deepest one at  $5\frac{1}{2}$  inches from the meatus, admitting No. 11 French bulbous bougie. The patient did not attend with that regularity which he should, but by March 11 (a little over three months) I had succeeded in dilating his strictures up to 24 F., his normal calibre being 32 F., but the strictures were resilient and resisted any further dilatation. You will readily appreciate that the patient was now in a good condition for internal urethrotomy and a speedy cure.

At this time, however, the patient became ill with an intercurrent trouble, and did not again present himself until April 15, a little over a month since last treatment, and on reëxamination I found that the urethra would now only admit a No. 20 F.

I by this time had received my electrolytic armamentarium, and went to work on this patient—a most excellent one for the test—with the

greatest assurance. My notes of the case run as follows:

April 15, 1887. Passed No. 20 F. electrode (negative pole), occupying ten minutes, and using three cells.

April 22. No bad results from last treatment. Passed No. 22 F. by electrolysis, using six cells during the séance, and occupying fifteen minutes.

May 14. Nothing larger than No. 22 F. would pass.

May 26. Failed to pass No. 24 F. through first stricture, with a gradual increase of cells up to nine. No. 22 F. passed, but with more difficulty than on the previous occasion.

June 4. Patient presented himself with an inflammation of the urethra anterior to the first stricture (which was  $\frac{3}{4}$ -inch from meatus) so severe in character that the lips of the meatus had a tendency to agglutinate.

My patient never returned. I had spent two months in the treatment by electrolysis, and my patient was worse off than when I discontinued treatment by gradual dilatation. In this case the electricity was administered carefully—increased cell by cell—and at no time did the patient complain of much burning or pain from the current. I gradually went up to nine cells because a less number produced no impression upon the strictures—there was no absorption. All the directions, to the letter, were carried out as laid down by the advocates of the method.

I was very much chagrined with the result in the above case. Not being entirely daunted, however, I went on with the work. To not burden you with the particulars I will simply state that I afterwards treated several cases, some with strictures of large calibre, others with strictures of small calibre, and gave each patient about two months' treatment, but not one of them derived any benefit from the treatment, and were afterwards cured by orthodox methods.

By analyzing Dr. Newman's "Synopsis of the Second Hundred Cases of Stricture of the Urethra Treated by Electrolysis," as reported in vol. ix, No. 13, of THE JOURNAL, we find that out of the whole number, when discharged, only *three* had their strictures enlarged to more than No. 30 F., whilst some were discharged with their urethræ admitting only a No. 14 F. The calibre of ordinary urethræ being of the dimensions of a No. 31 F., it is quite an imposition upon the credulity of the profession to state that such patients were, as we are led to believe, cured. Out of one hundred cases some few would surely have urethræ whose normal calibre would admit a No. 40 F., but the three cases mentioned were only enlarged to No. 32 F.; and further, when treatment began the strictures of these three were large ones, ranging from 21 F. to 25 F.

Twenty out of the hundred were never seen after treatment was discontinued.

Twenty-four only were reëxamined, and but *nine* of these after the lapse of two years from last treatment.

The remainder, we are told, "were well," and we are to accept the assertion, I presume, on faith. I can recall patients who were treated eight years ago by gradual dilatation, and they say to-day that they are well, and they will continue to so say until enough recontraction has taken place to interfere with the urinary function. But I would not be justified in saying that they are well—cured.

It is taught, and I believe such teaching is correct, that a case of stricture of the urethra is not cured until the normal calibre of the urethra is established throughout its entire extent. On examining critically the cases of Dr. Newman referred to in this paper not one of them, according to my standard, was cured.

If we take up the cases of the other reporters who claim so much for electrolysis and analyze them, we come to the same conclusion that we do in Dr. Newman's cases.

Now, the point may be raised that my failure of success with electrolysis was due to a want, upon my part, of the correct appliances; also that I was lacking in *technique* and dexterity in the manipulation of urethral instruments. The first point cannot be maintained, for I secured the most approved apparatus. As to the other objections I have no reply to make. But this I do know, and from personal interviews with some of them, that the most expert genito-urinary surgeons and those having world-wide reputations, like myself have failed, after honest work, in deriving any good results from electrolysis in the treatment of urethral strictures.

After candid consideration and a fair amount of experience, I firmly believe that these reporters, and to be charitable with them, are laboring under a delusion, and what success they claim as being derived from electrolysis is secured purely by the dilating effect of their bougies. It will be observed that the most of their cases are only enlarged up to from 20 F. to 28 F., the amount of improvement that is ordinarily secured without much trouble by gradual dilatation. We know that strictures frequently, after being dilated up to a certain point, cease to dilate any further, when urethrotomy becomes necessary. Now, it will be observed, further, that the cases treated by electrolysis are only dilated up to a certain point; none are dilated completely.

Among the hundred cases herein referred to are some in which it is stated that, after a filiform had failed to pass in other hands, an electrode bougie went through on the first attempt. That proves nothing, for the urethral canal is a very unreliable one, owing to its proneness to spasm, as all know who have had some experience. During the early part of this year I introduced a No. 18 F. sound into a certain urethra without much trouble. Four

days afterwards I could not introduce even a filiform. Upon the second attempt the surroundings were different, and the obstruction was purely spasmodic in its nature.

If electrolysis, in the treatment of urethral strictures, is "a delusion and a snare," I hope this paper will bring out the experience of those who can speak *ex cathedra* upon the subject, and if the consensus of opinions confirms my own, I then am glad that I have added my feeble effort to assist in pricking the bubble.

## THE USE OF LACTIC ACID IN CHRONIC SUPPURATIVE OTITIS.

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Among the most troublesome and dangerous affections of the middle-ear we daily meet with, chronic suppuration must be mentioned as requiring our most energetic efforts towards effecting a cure. It is not only the unpleasantness of the mostly offensive discharge, although this is usually the cause of the patient's applying to us, but the actual danger of metastasis, that even when the discharge is flowing freely, always exists, which calls on us to use every means in our power not only to stop the discharge, but also to remove the cause of it. The danger is owing principally to the retention of smaller or larger quantities of pus in the cells of the mastoid process and it is very frequently, especially when the opening in the drum is not large, impossible to remove every particle of pus by syringing. This accumulation gets inspissated in the adjoining cells of the mastoid process and can remain there for years without doing apparently any harm, even while the ear, as far as can be seen by ocular inspection, is kept perfectly clear by syringing or instillations.

It is needless to mention here the different indications and various methods that have been recommended and are constantly in use for these troubles. No doubt a great many of them, as most of us have experienced, especially if the cases come early enough into our hands, are quite effective in arresting the discharge, and we frequently see perforations of the tympanum heal up under their application. It is not to such cases I am alluding to-night, but to those that have resisted every effort of medication and persist in a steady malodorous discharge of a muco-purulent nature. They usually go hand in hand with somewhat larger perforations, and although the hearing may not have suffered to any great extent, give rise to the most unpleasant symptoms.

It must be taken for granted that the cause for this incessant suppuration lies in an affection of