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STRICTURE OF THE URETHRA.

There is no subject in the domain of surgery of the urinary organs of greater importance than stricture of the urethra. The disease is a very common one, the treatment is much more complicated, and the prognosis is more grave than is ordinarily supposed. The victims of the disease are numerous and confined to no particular climate or locality. The poor sufferer is usually subjected to temporary treatment by local physicians. Year by year he grows worse until he is worn out by catheterization, bladder irritation, or other complications of kidney troubles, and at last falls a victim to a disease that on the onset seemed of little moment. A small urethral calibre would seem in itself of no consequence, and very little if any inconvenience, yet it is too often the warning note of a fatal termination. Every case of stricture, no matter how trivial in character, may be possibly grave in its results. Most physicians of ordinary experience can recall cases in which the stricture had been dilated and the patient discharged; in course of time it closed, the patient returned for treatment, with an almost impassable stricture, catarrh of the bladder and disease of the kidneys, and death ended the suffering. The profession is probably indebted to Sir Henry Thompson for more valuable suggestions regarding the careful and conservative treatment of stricture than any other surgeon who ever wrote upon the subject. He was among the first to point out the gravity of

strictures of the urethra, and understanding this so well, he was also able to treat strictures more successfully than surgeons who were in the habit of looking upon mild cases lightly.

In the treatment of all strictures, the first important thing is to give the patient to understand all about the consequences of an old narrow stricture, enjoining him strictly to keep himself under the observation of a competent surgeon. Sir Henry Thompson suggests that simple stricture, the history of which is recent, requires nothing save gradually restoring the calibre of the canal to its normal size by means of flexible bougies; for this purpose he used the style of bougie called "Olivaire," which were followed in severe cases by polished steel dilators to be used for an indefinite time. By carefully looking after a urethra treated gently in this way, no further trouble may be anticipated. The patient can be trained to the proper use of the bougie, and should be instructed to follow its regular use for years. When there is a narrowing or stricture of the external meatus, congenital, organic, or acquired, dilatation will not relieve it. Such strictures should be freely cut. Sir Henry Thompson further says that strictures three and a half or four inches from the meatus are not often benefited by dilatation, and in old age the same is usually true, the tissues having become rigid. Dilatation may however be first attempted in such cases. In all cases, in which there is a decided tendency to contract, despite the dilatation, internal urethrotomy should be at once resorted to. Prompt action, says the above named author, will save much suffering, avert perineal abscesses, fistulæ, and organic changes in the bladder, ureters, and kidneys. To delay until symptoms of such troubles appear, involves complicity in a course which irretrievably damages the patient's life.

There is another condition incident to strictures of long standing requiring probably a different course of treatment; we refer to septicæmia. We have had patients under our care, who, when first seen by us, had almost complete obstruction to the passage of urine by reason of an old rigid stricture, through which the smallest guide could not be made to pass. These patients usually show well-marked symptoms of septicæmia; the strictures are usually extensive, and the bladder complications a prominent symptom. In cases of this char-