CHRONIC GONORRHŒA IN THE MALE.*

BY

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To deal with the subject of stricture of the urethra, its causes, development, symptoms, treatment, complications, and sequels in the time at my disposal is quite impossible. Neither is it proper for the opener of a discussion to set forth any peculiar views that he may hold, but rather to deal with the subject in a general way under headings that are suggestive and debatable.

Stricture is a narrowing of the urethra due, and secondary to, disease of its walls. Stricture, whether gonorrhœal, traumatic, or congenital, is of slow growth, requiring months and often years for its full development. Small cell infiltration takes place into the submucous layer. This may probably sometimes be absorbed but as a rule it slowly and gradually becomes organized into tissues more or less dense and fibrous. It is for all intents and purposes scar tissue and tends to contract. It is this contraction of scar tissue that narrows the tube, that lessens the calibre of the urethra. The mucous membrane also is altered; at first in a condition of catarrhal inflammation, it becomes later on pale and smooth and dense, rarely rough. The interference with the normal function of the canal and circulation through its vessels depends upon its extent in length and depth.

If this was the beginning and the end of the pathology the condition would be comparatively simple; it is, however, only the beginning. The obstruction offered to the outflow of urine leads to alteration of the parts behind, commencing at the site of the stricture and ending at the kidney, these alterations in time giving rise to systemic pathological conditions of the most serious import. The urethra behind the stricture first becomes dilated, then the bladder, the ureter, and lastly the pelvis of the kidney. If no bacterial infection occurs a simple hydronephrosis may result.

The next great factor to be considered is the infection of the altered walls of these important organs. The bladder does not completely empty itself and its resisting powers are lessened. While it is probably true, as pointed out by Guyon in 1888, that the normal bladder is not easily infected, it is also a matter of daily clinical experience that a dilated bladder not containing residual urine is most vulnerable. If

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