

**STRICTURE OF THE URETHRA
AND KINDRED AFFECTIONS:
THEIR PAINLESS TREATMENT
AND CURE BY A NEW METHOD**

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Stricture of the Urethra and Kindred Affections: Their Painless Treatment and Cure by a New Method by William Harding Crowther

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WILLIAM HARDING CROWTHER

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KINDRED AFFECTIONS:

*THEIR PAINLESS TREATMENT AND CURE
BY A NEW METHOD.*

BY

WILLIAM HARDING CROWTHER,
SURGEON.

NEW EDITION.

HENRY RENSHAW,
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P R E F A C E.

IN bringing out a new edition of this little work I can confidently assert that the more cases of stricture I see the more I am convinced of the value of medicines, *properly selected*, in the treatment of the disease.

I have to express my acknowledgments to the following writers:—R. Druitt, J. E. Erichsen, H. Thompson, Henry Smith, F. N. Otis, J. W. Howe, F. B. Courtenay, R. Hughes, C. W. Aspray, and many others.

W. H. CROWTHER.

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STRICTURE OF THE URETHRA.

ORGANIC stricture of the pipe (urethra) is generally produced by one of two causes—gonorrhœa and injury. Self-abuse and lithiasis (tendency to red sand in the urine) are also mentioned as causes. The incautious use of strong injections of sulphate of zinc, nitrate of silver (lunar caustic), and other astringents may too have something to answer for in the causation of this common and (in unskilled hands) intractable complaint. Some persons are born with a narrow orifice to the pipe, and this practically constitutes a stricture. Of all causes gonorrhœa is by far the most frequent. A man has a gonorrhœa, it is either neglected or improperly treated, the inflammation becomes chronic, and a gleet results. "Lymph" is deposited under the mucous membrane of the urethra, this organizes, contracts, and thus diminishes the calibre of the canal. Thus a "stricture" or narrowing of the pipe is set up, and tends to keep up the gleet by which it was originally caused. Nearly all chronic gleans are followed by (or perhaps it would be better to say, result from) contraction of some

part or parts of the urethra. From this it will be seen how very important it is that *any discharge from the urethra should receive proper treatment at once.*

Strictures from injury may be caused by blows or kicks in the crutch (perineum), and venereal or syphilitic ulcers at or near the orifice (meatus) of the pipe may cause subsequent contraction and stricture of that part. Traumatic strictures are usually particularly hard, gristly, and difficult to treat.

Stricture may be caused by excessive self-abuse, or masturbation, as is proved by the fact that cases occur in young people who have never had sexual intercourse.

Otis (quoting S. W. Gross) mentions the following:—"A druggist, aged 24 years, was brought to me on the 18th of February, 1876, on account of symptoms of vesical irritability under which he had laboured for six years. He had never had sexual intercourse, but had constantly masturbated from boyhood until his twentieth year. The entire urethra and neck of the bladder were excessively sensitive, and a stricture of the calibre of 17 was detected $6\frac{3}{8}$ " from the meatus. Both epididymes, particularly the right, were enlarged and indurated; there was no history of venereal disease." H. Thompson says: "Excesses of venery, protracted erections, and prolonged intercourse are recognized causes of stricture." Ricord, Lallemand, and other writers also recognize masturbation as a cause of stricture.

With reference to abnormal deposits in the urine as factors in urethral stricture, Otis says: "In regard to lithiasis, or the habitual tendency to the deposit of

crystalline material at a higher temperature than that of the blood. The so-called 'uric-acid dyscrasia,' for instance, the habitual passage of uric-acid crystals, commonly known as the 'red-pepper sediment' or the 'brick-dust deposit,' is well known to be frequently associated with an irritable urethra, bleeding easily under the slightest examination, and presenting exceedingly sensitive points, especially when the urethra is naturally thrown into transverse folds, as at the peno-scrotal angle. It is also known that, in a very great majority of persons, two or three slight contractions of the urethra are present in the same locality where there has been no acute inflammation caused to which such contractions may be attributed, and furthermore it is a well-recognized fact that, on the accession of inflammatory urethra trouble from other causes, these points are usually the first to receive accessions of plastic material which result in well-marked urethral stricture."

Thompson writes thus: "Urine may possess an irritating quality from the predominance of an acid or an alkali in it; a persistence of either of these conditions must be recognized as one of the undoubted causes of stricture." And again he says: "The influences of gout and rheumatism are undoubtedly causes of spasmodic stricture; these diatheses, therefore, predispose in this manner to the accession of organic stricture."* Referring to attacks of acidity of urine,

* Sir Benjamin Brodie said that alkaline urine is more likely to produce stricture than that which is acid, and that persons secreting the triple phosphate are almost certain to have stricture sooner or later.