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The Failure of Dr. J. B. Thomas' Treatment of Urethral Stricture by Electrolysis.

BY
ROBERT NEWMAN, M.D.,
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Reprinted from the "Journal of the American Medical Association," September 8, 1888.

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THE FAILURE OF DR. J. B. THOMAS' TREATMENT OF URETHRAL STRICTURE BY ELECTROLYSIS.

My excuse for trespassing on the space of THE JOURNAL, is to correct any false impression that may have been created through the erroneous conclusions drawn by Dr. J. B. Thomas, of Pittsburgh (in THE JOURNAL of August 11), from an obvious misinterpretation of my report of the second hundred cases of urethral strictures treated by electrolysis.

Dr. Thomas unqualifiedly condemns treatment of urethral strictures by electrolysis, and urges upon us his limited experience and failure in a very meagre report of one case.

Is it sound logic to condemn an operation and method because a novice has made a failure in one or a few cases, when surgeons of undoubted standing from all parts of the world have reported hundreds of successful cases, endorsing, recognizing and establishing the method and operation as a success?

Dr. Thomas' statement is, that his patient, S. K. M., presented himself with cystitis and several strictures, for which he had been treated by many doctors, and in many ways. Dr. Thomas' treatment of him by gradual dilatation was a failure, because after having dilated the urethra to the size of a No. 24, French, on next presentation of the patient it was found that the urethra had again contracted to No. 20. Electrolysis was then used four times. "Patient presented himself with

an inflammation of the urethra *anterior to the first stricture so severe in character, etc.*." (Italics are mine). "The patient never returned."

Comments: Why was not the cystitis treated first, or at least simultaneously, with the stricture? It is not stated that the cystitis was treated, therefore we must believe that it was not. Certainly treatment of the cystitis was indicated, since spasm of an inflamed bladder may prevent any amelioration of the stricture, and especially will prevent the success of electrolysis.

The next question is, what caused the inflammation of the urethra anterior to the stricture? Was this inflammation the consequence of the treatment, or caused by an imprudence of the patient? I do not wonder the patient never returned. And I must protest against the condemnation of electrolysis in the treatment of urethral strictures, on such evidence.

Dr. Thomas next (doubtless for his own reasons) attempts so unfair an analysis of the statistics of my second hundred cases, published in THE JOURNAL of Sept. 24, 1887, that I feel it my duty to reply: *First*, to correct his misstatements of my statistics. *Second*, to maintain my position in regard to urethral anatomy and surgery, in which Dr. Thomas and I differ widely.

Had the gentleman carefully read my papers he would not had made his paper a personal attack, and would have saved me the necessity of repetition to answer frivolous objections to the method of electrolysis.

Dr. Thomas though admitting No. 31, French, to be the calibre of the ordinary urethra, yet carps at cases presented in my statistics enlarged to No. 32, French, claiming that some must have been capable of enlargement to No. 40, French, closing with these words, "it is quite an imposition upon

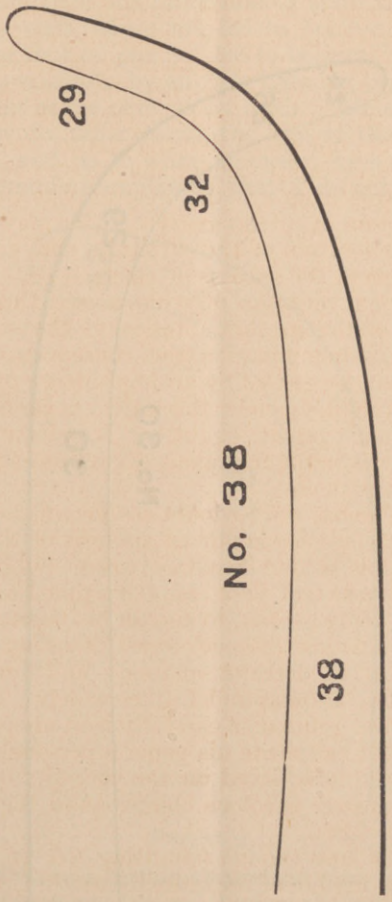

FIGURE 1.

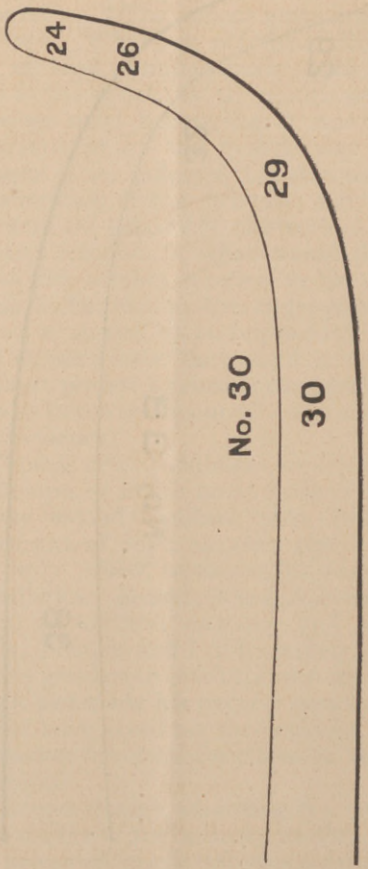

FIGURE 2.—Figs. 1 and 2, the ordinary Steel Sound.

the credulity of the profession to state that such patients were, as we are led to believe, cured." I answer that no one is "led to believe," but Dr. Thomas misleads, by entirely ignoring my *definite* statement of the cure, as set forth. We may, and certainly do, differ about the size of the normal urethra, and as to what is meant by a cure. I have heretofore explained that I do not enlarge

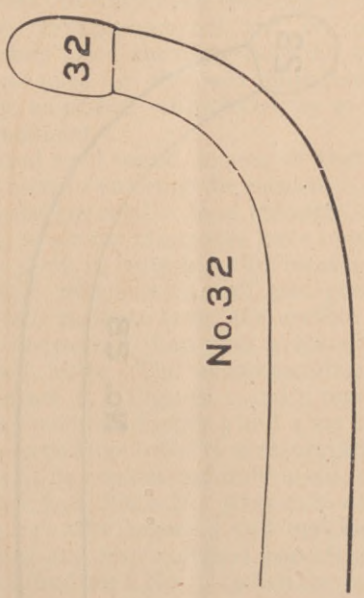

FIGURE 3.

the urethra to a certain theoretical size, but mark in my statements "cured," when the patient feels and is well, passes a free, unobstructed stream, and is satisfied with his condition to such a degree that he objects to any further treatment and enlarge-

ment, and does not desire a larger-sized urethra. In some exceptional cases circumstances may alter the rules. As a rule I have tried to enlarge strictures to No. 28, French, but when the meatus would not admit an instrument larger than a No. 25, I certainly stopped, and did not cut the meatus. In many cases I found that no larger instrument than a No. 25 would pass the meatus. I do not

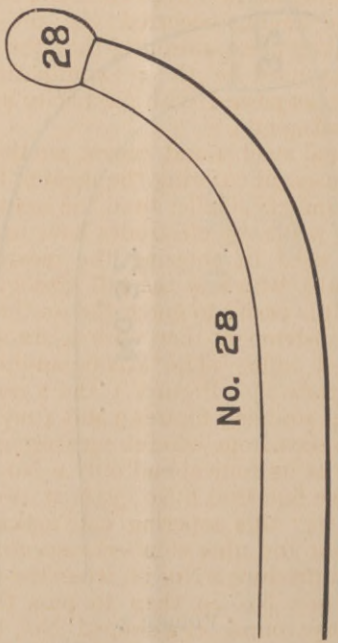

FIGURE 4.—Figs. 3 and 4, Newman's Electrodes.

intend to discuss theories and simply repeat facts that have been reported before, which Dr. Thomas wholly ignored, courteously adding "Twenty out

of the hundred were never seen after treatment was discontinued." But he neglects to state that such cases were only recently treated, and the urethra enlarged to its maximum size of 28 and 32, French, and were so well that they did not need to be seen again. In most of the cases the patients were reëxamined, varying in the first hundred in point of time from three and a half to eleven years; in the second from one to five years. No relapse having occurred, viz., no contraction having taken place, meaning that the same sized sound was used in the reëxamination without electricity, as passed with electricity at the close of the treatment.

The usual steel sound tapers, so that the end which is used in entering the meatus is from two to nine numbers smaller than the stem of the instrument, while my electrodes have upon the end which is used in entering the meatus, an egg-shaped bulb, which is the full size given in my tables. It is easier to enter the urethra with the tapering instrument than with a six-sizes larger egg-shaped bulb. The accompanying drawing will illustrate it. Figures 1 and 2 represent the usual steel sounds; figures 3 and 4 my electrodes. It will be seen from careful measurement that a No. 38 is at its conical end only a No. 29, and in figure 2 we find that a No. 30 is at its conical end only No. 24; this tapering end making a difference of four and nine numbers respectively. It is easier to introduce a No. 38, when the conical end is equal to a No. 29, than to pass through the meatus my round, egg-shaped No. 32, as it is evidenced that my No. 32, French, electrode is nearly equal in size to the ordinary No. 40 sound. I have in my writings explained why my electrodes have the egg-shaped bulb for my treatment by electrolysis. My statistics show that in 33 per

cent. of cases the stricture has been enlarged to No. 28, which is equal to about an ordinary No. 32 sound, and that no relapse has taken place; and such an enlargement has been made in some cases of strictures which were so small that no instrument could pass at first. From the experience and observation of many years I have come to the conclusion that the majority of urethras are normal if my No. 28 electrode can pass, that No. 30 is an exceptionally large urethra, and that No. 32 is almost always too large, and sometimes I regretted having used it.

The next mistake Dr. Thomas makes is in saying that some patients were discharged with their urethras admitting only a No. 14, French. This I deny. In my statistics No. 14 is mentioned twice, as follows:

No. 138.—A. N., Two months enlarged to No. 14, then disappeared, and two years later enlarged to No. 28. Reëxamined May, 1887, and found No. 28. No relapse. Still under observation.

No. 183.—Dr. O. V. S. No instrument would pass. Improved very slowly to No. 14. Gout, etc., prevented his retnrn.

Therefore, it will be seen that the first case was enlarged to No. 28, with no relapse; and that the second case was not reported as "cured," but only as "improved." The patient was unable to return for treatment, but it was a success as far as seen because the very aggravated case which admitted *no* instrument at first was made comfortable, and undoubtedly would have been cured if a chance had been given to do so, but the patient, a medical man, was disabled to such a degree that he could not travel the considerable distance from another State to my office.

Dr. Thomas next indulges in the statement that only nine out of the hundred cases were reëxam-

ined after the lapse of two years from time of last treatment—but the learned gentleman omits to state (perhaps inadvertently?) that thirteen cases were seen after the lapse of three years, six cases after four years, etc., without the occurrence of a relapse and that all hundred cases reported were seen within a period of five years, some remaining still under treatment or observation when those statistics were sent to press. There was no claim that those cases were all cured; the record speaks for itself and shows how far they were improved, or a good reason given why they were not more improved.

The next omission of my analyzer is, that the patients of my first hundred cases mentioned had been under observation from three and a half to eleven years without a relapse, which makes an average time from six to seven years in each case. *All these facts* were stated plainly in my statistics, which Dr. Thomas had the kindness to analyze, and he will know best why he omitted all these facts, and tried to show that electrolysis is a "delusion and a snare," that it does no good, and that the improvement was due to dilatation, and after all, there were no strictures present, but only spasms! Gracious goodness! who will believe such logic? Not even the incredulous Thomas, who seems not to know that it is an established fact that Galvanism *vel* electrolysis *never* cures or overcomes a spasmodic stricture; on the contrary it may cause a spasm, which is so distinct and so powerful a contraction that no force, not even a one-horse power, will overcome. Besides, what operator of to-day will not be able to distinguish between a spasm and an organic stricture?

And now in regard to the insinuation as to dilatation *versus* electrolysis. I have clearly stated that the electrolysis enlarges the strictured part

by galvanic chemical absorption; that when dilatation and even pressure will not pass a stricture, electrolysis will. This I have often demonstrated in the following manner: The electrode was introduced to the seat of the stricture, and the surgeons present were invited to press the instrument through the stricture. They tried to do so, and declared that they could not. Then and there, without the removal of the instrument, electrolysis was used, and in a few minutes, or less time, the same instrument passed the stricture. This has been demonstrated so often and can be proven by reliable witnesses, that the insinuation of dilatation becomes a *fata morgana*, like all the other views of Dr. Thomas.

Dr. Thomas does not state in his report of the single case, how he used the electrolysis, nor does he tell what his most approved apparatus was, and summing up uses the following language: "The remainder, we are told, were well, and we are to accept the assertion, I presume, on faith. . . . . 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 opinion confirms my own, I then am glad that I have added my feeble effort to assist in pricking the bubble."

Candidly I do not envy any one who can use such language, and I leave it to my readers to surmise what animus has prompted him. My answer to his article is only intended to elicit the truth in regard to facts as they are. These facts of my statistics would be less strong if I were the only man who uses electrolysis successfully, but my method is recognized now all over the world by eminent surgeons who have given excellent records of success from America to Australia and Asia.

Skeptics and gentlemen who formerly failed have been converted by facts and become successful operators. The literature on the subject, and hosts of successful operators, are mentioned in an editorial of the *New England Medical Monthly*, December, 1887, which is worthy of perusal, and proves beyond peradventure the success of electrolysis in the treatment of urethral stricture. More evidence comes almost daily from honest workers who formerly were skeptics, or failed at first, and at last relate their successes. Among the latter, as an instance worthy of notice, the valuable article of F. Swinford Edwards, F.R.C.S., Surgeon to the West London Hospital, and Surgeon to the out-patients of St. Peter's Hospital for fistula, etc., (*Medical Press and Circular*, April 11, 1888) from which I take the liberty to quote:

"When, some two and a half years ago, the treatment of urethral stricture by electrolysis was taken up by my friends, Dr. Stevenson and Mr. Bruce Clark, who were led to test its merits from the published reports of a brilliant series of cases by Dr. Newman, of New York, I determined to try it here at St. Peter's, and more especially in cases of resilient, or non-dilatable stricture, which in the usual course would be submitted to some cutting operation, attended possibly by risk of life, at all events necessitating detention in the hospital for one or more weeks, a loss of time which is of great moment to many and most can ill afford . . . . . There is yet another reason why I have selected only the severer forms of stricture in which to test the capabilities of this method. It is in order that there should be no room for an objection which I heard raised . . In the table of cases before you most of the strictures were of long duration, and were multiple. Now these strictures were no myths, nor was their

resilient character open to doubt, some of them having been in the hospital under my colleagues, whilst others had been under the care of well-known hospital surgeons. The number of strictures, their calibre and distance from the meatus, has been noted and the result of treatment given, I trust with impartiality. . . . . The first I treated with the aid of my friend, Dr. Stevenson, and so struck was I with the result obtained that I hastened to give electrolysis a fair trial at this hospital. The patient had been under me two and a half years previously with three strictures which after a month's treatment I succeeded in dilating to No. 25. In February, 1886, he came to me again for stricture, but on this occasion I was unable to dilate the sub-pubic one by passing bougies. This then I conceived to be a good test case for the new treatment. For the result I have put down cured, as six months afterwards, although he had undergone no treatment in the meantime, I found no sign of stricture after carefully examining his urethra.

The advantages of electrolysis are many, viz.;

1. No confinement is necessary.
2. No risk of life.
3. No pain, and only sometimes slight discomfort.
4. No bleeding.
5. If unsuccessful it does not interfere with urethrotomy being undertaken forthwith.
6. and lastly, a cure (permanent) may follow, which is the rarest thing by any other method. In electrolysis, as far as I have seen and heard, no risk whatever is run; hence the opinion I have just expressed. I commend it, gentlemen, to your careful consideration."

I have much more proof at my disposal to show the success of electrolysis, but am unwilling to

further intrude upon the valuable space of THE JOURNAL. I myself have used this method for nineteen years.

I do not wonder to hear sometimes of failures; as some men will fail in everything, others only in some particulars; and it has been shown that of all the students of medicine, after entering life as physicians, 25 to 45 per cent. are failures. Even "expert genito-urinary surgeons, of world-wide reputation," may fail with electrolysis when not electricians, or even careless in their operations, and even the purchase of an improved electric armamentarium does not make its possessor an electrician. Such reports of failures do not undo or detract from the statistics of hundreds of cases of successes, they will still stand as truths everywhere. Electrolysis as a chemical action, etc., is infallible, though machines and operators may fail.