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REFLEX IRRITATION FROM CONGENITAL PHIMOSIS.

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The importance of this subject can not be overestimated, because, when recognized, the treatment is both simple and effective. Add to this the fact that, by the neglect of early and proper treatment, irreparable damage may be done; an otherwise useful and happy life may be blighted and even lost. It may be an only son on whom a father's hopes are centered and a mother's happiness depends. I am persuaded that the neglect of the profession to fully appreciate this as a pathological factor in the production of many forms of neurosis is, in a large measure, due to the fact that a contracted and adherent prepuce in the early months of infant life is a physiological condition, and, as a rule, does not cause any trouble. Generally, during the first year of life, this becomes detached. Should this not occur, a true phimosis results. Even during this time it may become pathological and act as a source of irritation. As to how and why, many theories have been advanced, and the question is not yet definitely settled.

Reflex spasm of the arteries of the cord producing anemia, defective nutrition and consequent loss of muscular power, neuritis at the point of irritation and extending to the cord, inhibition of the cord centers from protracted reflex irritation producing exhaustion from repeated stimulation. The genital nerves being among the most sensitive in the body, the explanation of reflected results is simple. Fortunately, in the treatment of these cases, it matters not which of the different theories you accept as to why and how the damage is done. Your duty is plain and simple. Remove the cause, and good results will surely follow.

The irritation caused by phimosis and also by simple adhesions of the prepuce to the glands without contraction is not, in my judgment and experience, always in direct proportion to the extent

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of contraction or adhesion. The rule is that we find more or less local evidence of irritation and sometimes inflammation caused by decomposing smegma and urine, hard lumps or inspisated smegma, and occasionally urinary calculi from the salts of decomposing urine. The absence, however, of this local evidence of irritation and inflammation does not preclude the possibility of serious reflex irritation. I have seen a complete paralysis of lower limbs lasting for three or four months from a simple slight adhesion of the prepuce to the glans penis, so slight as to go unnoticed by the physician in charge during these months of treatment, involving about one-fifth only of the circumference of the glans penis with easy and perfect retraction of the prepuce over the glans penis at every other point with no local evidence of irritation or inflammation. Simple detachment of this adhesion was immediately followed by improvement and entire restoration of normal functions. Again, I have seen very decided local irritation and inflammation with pinhole contraction of prepuce and no evidence of reflex irritation of the nerve centers. This being true, it would not, in my judgment, be a bad rule for the family physician to gently separate the delicate adhesion in all young male babies, then carefully instruct the mother as to how to retract the prepuce and as to the necessity of including these parts when giving the child its usual bath. This, I am sure, is too frequently neglected, and the neglect is directly and justly chargeable to the family physician. Uncleanness alone, in the absence of contractions or adhesions, is sufficient to cause considerable and serious irritation, tends to produce priapism, and, in older children, masturbation. No physician is justified in overlooking this as a possible element in disease. And, in every obscure case, the condition of the genital organs should be investigated. It would be difficult to limit or definitely mention the different forms of neuroses that may be directly traceable to this condition. Among the most common may be mentioned simple restlessness at night, choreic movements, paresis, feeble muscular action, defective nutrition, malassimilation, causing diarrhea or constipation, nocturnal incontinence,

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dysuria, convulsions, epilepsy, paralysis, etc. It has been my pleasure more than once to see a puny, delicate, restless, irritable boy completely changed mentally and physically by proper attention to these parts. I will give briefly the history of a few cases in my work illustrating the different types of reflex irritation from this source.

Case No. 1.—Was called in consultation to see a child, age about 2 years, had suffered more or less at frequent intervals for past five months with diarrhea, was now suffering with severe attack of entero-colitis—duration two weeks. It had received careful and intelligent treatment as to diet and medical treatment, but was steadily progressing from bad to worse; very much emaciated. I found a contracted and adherent prepuce; advised that it be immediately stretched and separated from glans. No change in medical treatment. The result was immediate improvement and rapid restoration to perfect health. This experience has been many times duplicated in my work.

Case No. 2.—Age, 15 months. Mother gave the following history: For the past few months the child had been having from ten to fifteen involuntary actions from the bowels every twenty-four hours. Many different remedies had been used, but nothing seemed to give any relief. I found contracted and adherent prepuce, which I at once dilated and detached. Actions reduced during the first week to from three to six every twenty-four hours. Since that time have been in every way normal. No medical treatment.

Case No. 3.—Age, 5 years. Mother gave following history: The child had never had any serious sickness, was well developed and nourished, did not sleep well, and for past two years would occasionally have a slight spasm or "spell" as she called it, increasing in frequency in spite of treatment. Upon examination I found a contracted and adherent prepuce. I stretched and detached it at once. Patient slept well first night after operation, and has had no return of spasms.

Case No. 4.—Age, 5 years. Was brought to me from an adjoining town for examination and treatment. Father gave following

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history: Child had never had any serious illness; commenced to walk at age of 1 year; well developed physically and mentally. The father stated that about three months before he noticed that the child would frequently fall. Did not seem to have good use of lower limbs. This condition rapidly progressed to complete paralysis of both lower limbs. I found slight adhesion of prepuce to glans; prepuce easily retracted except at point of adhesion, no local evidence of irritation. I separated the adhesions and the child returned to its home in four days perfectly restored.

The diagnosis of a contracted or adherent prepuce is, of course, simple. The relation of this condition as a causal factor in the production of reflex symptoms when present will require a careful study of each individual case. Be guarded in your prognosis, remembering that this may in some cases be only a contributory causal factor, otherwise you may overlook some serious brain or spinal lesion. Yet, however strong the symptoms may point to central lesion, in the presence of a contracted or adherent prepuce it should receive prompt attention, for in no other way can you definitely determine in many cases its proper relation as a causal factor in the condition.

There are three methods of treatment for the relief of this condition, either of which will give good results when considered from the viewpoint of removing the source of irritation. The condition present in each case must determine which of the three methods will best meet the indications.

1. Dilatation and stripping the glans.
2. Splitting the foreskin, and separating the adhesions.
3. Circumcision.

In my judgment, the choice should be made in the order mentioned. No case should be treated by the second or third method when the first method will accomplish the end desired. After an experience of many years, I am prepared to state that this method, if properly performed, will, in a very large per cent of all young children, accomplish the end desired and leave your patient in a perfectly normal condition with a prepuce moving freely over a

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healthy glans. The foreskin was placed there for a purpose, and should not be removed when by a simpler and safer method the same results may be accomplished. Do not understand me to oppose circumcision when necessary. I consider it the proper method of treatment in selected cases. What I desire to impress is that in the vast majority of young children it will not be necessary. I know it has been advised from a standpoint of cleanliness, and for future protection against infection. Proper instructions concerning the use and benefit of soap and water is sufficient answer to the first; and the second, if it were true, which I very much doubt, does not appeal strongly to me, for I do not consider it the duty of the physician to prepare young boys for future immoral intercourse. When the indications for treatment are not urgent, and the prepuce much contracted, gradual dilatation is to be preferred, since it is important to avoid as much as possible any injury to the mucous membrane or skin. I will not detain you with a description of this simple plan of operation. Try it, if you have not, and you will be surprised at the results.

DISCUSSION.

DR. W. R. BLAILOCK, Dallas: The proposition laid down by Dr. Erwin, that irritation will cause reflex conditions simulating very serious diseases, is one of which there can be no question. I recall that in the last ten years, I have treated three boys above six years, who suffered from epileptiform attacks, and they were permanently relieved by dilatation of the prepuce, and the removal of the smegma which had collected behind the glans penis. I have also seen cases of older persons, who were run down, and imagined that they could never enjoy good health any more. who were relieved very promptly by the simple operation of circumcision. One case I remember particularly that gained twenty-five pounds in three months from the operation of circumcision. He had been under medical treatment for twenty-five years, and more was accomplished in three months by the simple operation of circumcision than had been accomplished during all those years. In a recent discussion before the McLennan County Medical Association, I took the position that it was not a normal condition when a child has adhesions to the prepuce. I took the position that the obstetrician should examine the prepuce, and see that it moves freely, breaking up any adhesions. Another physician, Dr.

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Saunders of Waco, took the opposite view, claiming that adhesions of the prepuce in infants to be physiological. I would like to hear some expressions of opinion on this point.

DR. BLIEM, San Antonio: I am glad that Dr. Blailock brought this point out. I was going to ask the gentleman who read the paper his opinion as to the routine treatment of little boy babies. I have been in the habit of examining little boys at birth as to the condition of the prepuce, because so many times these conditions arise later. It is a question in my mind whether it is not really the duty of the obstetrician to examine and relieve these conditions. I have seen so many little boys get into trouble on account of these adhesions that I think they ought to be relieved at once as one of the routine measures. It would do no harm, and might save a great deal of trouble. I have for some time made it my practice to break up these adhesions where they exist before discharging the obstetrical case. I remember one case of a little boy upon whom I operated on the third day and an oozing set up which I was unable to control, and the boy bled to death. The mother was tubercular, had a hemorrhagic diathesis, and the baby was apparently a hemophiliac.

DR. WILLIAM KEILLER, Galveston: I do not think there is any doubt but that adhering prepuce is physiological, but that is no reason why we should not interfere. I think that wherever there are adhesions they should be separated. You can not possibly do any harm in doing that. In regard to hemorrhage, I had one case of hemorrhage in which all the usual methods for stopping the bleeding failed. I finally found a little vein, which I caught up in a horsehair suture, and thus stopped the bleeding. We are talking altogether about little boys, but how about little girls? These cases are just as common among little girls as among little boys. Mothers ought to be informed that when little girls attempt to touch the generative organs, there is some itching caused by adherent prepuce which should be separated. It is more difficult to manage the after treatment of girls than it is to manage boys. In girls you may separate these adhesions and they will frequently occur again.

DR. S. BURG, San Antonio: I would like to take issue with the opinion expressed that adhesions of the prepuce are physiological. I can not see why it is the case. The prepuce should slide forward and backward, and, when it will not slide over the glans, you will usually find adhesions, which I consider pathological. As to the procedure, I think it is only necessary to break up these adhesions by moving it back and forth. If the edge of the prepuce is inclined to become irritated, or is so narrow that we might call it a stricture, I think it would be best to resort to circumcision.

DR. HALBERT, Waco: I had a case of confinement who died of sepsis.

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The only way I could account for her death was that her husband had phimosis and the foulest prepuce I had ever seen. I saw a case of epilepsy while in New York presented by Dr. Sayre with the statement that it had been relieved of epilepsy by circumcision. Afterward I saw the same case presented by Dr. Hammond, with the statement that it was not cured, but, if any difference, made worse by the operation. Both positions were sustained by statements signed by the father of the child. This much I know: phimosis is congenital. I think it is our duty to correct these conditions, which are abnormal. When we find a child with an attached prepuce, then that prepuce should be pulled back and cleaned thoroughly. I always look at the prepuce, and if I find that I can draw it back without much trouble, I draw it back and cleanse thoroughly, and instruct the mother to keep it clean. If it can not be pulled back and cleaned, then I think circumcision is the only safe course. My position is phimosis is normal, adhesions abnormal.

DR. H. B. HILL, Austin: This is a subject that has been attracting considerable attention. Some medical authorities state that the great majority of children have the adhering prepuce at birth, which they recover from without treatment in a few months. My own experience shows that we frequently find contracted prepuce, and it is often very difficult to properly cleanse these.

DR. ERWIN, closing: I do not believe that it is the duty of the physician to stretch the prepuce of each child at birth, but he should give the mother directions, advising her of the danger that may result from this condition, and instructing her that, when giving the child a bath, the prepuce should be well drawn back and cleansed. If these instructions are faithfully followed, no further attention will be necessary in most cases. I do not believe in violently stretching the prepuce, the inflammatory thickening following rapid dilatation to the point of rupture of mucous membrane is undesirable, and can be avoided in most cases by the gradual method. Another point that is well to remember: These reflex irritations are not necessarily in direct proportion to the adherent or inflammatory condition; a very slight adhesion may cause serious reflex symptoms. With early and proper attention to these cases, neither circumcision or stretching of the prepuce will be necessary. My experience covers several hundred cases, and all treated by dilatation with perfect results.

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