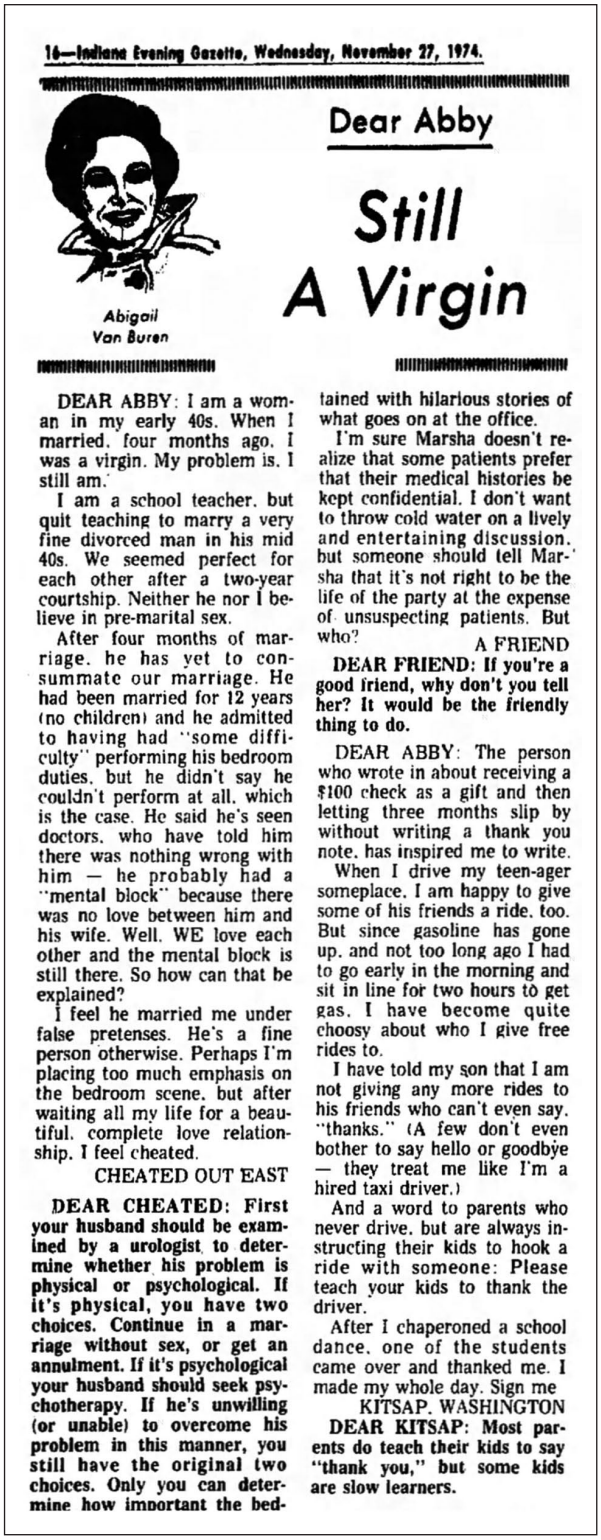
## ePoster Session 7 HISTORY OF UROLOGY, Tuesday 17 June, 0800-0900, Charter 4

### P7-1 Breaking the Silence: How a Dear Abby Column Sparked a Global Conversation on Impotence and Innovation

**Mr Michael George[1], Professor Ian Pearce[2], Miss Theodora Stasinou[2]**
*[1]Stepping Hill Hospital (Stockport NHS Foundation Trust), Stockport, United Kingdom, [2]Manchester Royal Infirmary (Manchester University Foundation Trust), Manchester, United Kingdom*

The development of the modern implantable penile prosthesis (IPP) began in 1973 when Dr. Scott introduced an inflatable prosthesis to treat erectile dysfunction (ED). Although, urologists were aware of the device, it was not until 1975 that IPP gained public attention, when a woman wrote to the "Dear Abby" column seeking advice on her husband's impotence. Abby's limited response—marriage without intercourse or annulment—prompted Dr. Scott to publicly address the issue, destigmatising ED and introducing prosthetic urology to the public. His response garnered widespread attention, leading to thousands of men seeking his expertise within the first month of its publication.
We reviewed historical archives and sourced the original newspaper snippets around the discussion that sparked a 'sensational' public response to the new device at the time. Historically, media provided structured platforms for medical discussion, but today, social media offers instant and often unregulated communication, leading to risks of misinformation and ethical challenges. In 1975, discussing impotence publicly was taboo, and Dr. Scott's response was groundbreaking. It brought a private issue into the public eye, shifting societal attitudes toward sexual health. Despite criticism from the medical community for perceived self-promotion, Dr. Scott's action marked a significant change in how ED was viewed and discussed.
Today, social media is a key tool for health education and professional advertisement. While this has helped promote awareness, it also blurs the lines between education and promotion, raising ethical concerns. The 1975 "Dear Abby" event highlighted the importance of maintaining professional integrity in medical communication.



16—Indiana Evening Gazette, Wednesday, November 27, 1974.

Dear Abby

Still A Virgin

Abigail Van Buren

DEAR ABBY: I am a woman in my early 40s. When I married, four months ago, I was a virgin. My problem is, I still am.

I am a school teacher, but quit teaching to marry a very fine divorced man in his mid 40s. We seemed perfect for each other after a two-year courtship. Neither he nor I believe in pre-marital sex.

After four months of marriage, he has yet to consummate our marriage. He had been married for 12 years (no children) and he admitted to having had "some difficulty" performing his bedroom duties, but he didn't say he couldn't perform at all, which is the case. He said he's seen doctors, who have told him there was nothing wrong with him — he probably had a "mental block" because there was no love between him and his wife. Well, WE love each other and the mental block is still there. So how can that be explained?

I feel he married me under false pretenses. He's a fine person otherwise. Perhaps I'm placing too much emphasis on the bedroom scene, but after waiting all my life for a beautiful, complete love relationship, I feel cheated.

CHEATED OUT EAST

**DEAR CHEATED: First your husband should be examined by a urologist to determine whether his problem is physical or psychological. If it's physical, you have two choices. Continue in a marriage without sex, or get an annulment. If it's psychological your husband should seek psychotherapy. If he's unwilling (or unable) to overcome his problem in this manner, you still have the original two choices. Only you can determine how important the bedtained with hilarious stories of what goes on at the office.**

I'm sure Marsha doesn't realize that some patients prefer that their medical histories be kept confidential. I don't want to throw cold water on a lively and entertaining discussion, but someone should tell Marsha that it's not right to be the life of the party at the expense of unsuspecting patients. But who?

A FRIEND

**DEAR FRIEND: If you're a good friend, why don't you tell her? It would be the friendly thing to do.**

DEAR ABBY: The person who wrote in about receiving a $100 check as a gift and then letting three months slip by without writing a thank you note, has inspired me to write.

When I drive my teen-ager someplace, I am happy to give some of his friends a ride, too. But since gasoline has gone up, and not too long ago I had to go early in the morning and sit in line for two hours to get gas, I have become quite choosy about who I give free rides to.

I have told my son that I am not giving any more rides to his friends who can't even say, "thanks." (A few don't even bother to say hello or goodbye — they treat me like I'm a hired taxi driver.)

And a word to parents who never drive, but are always instructing their kids to hook a ride with someone: Please teach your kids to thank the driver.

After I chaperoned a school dance, one of the students came over and thanked me. I made my whole day. Sign me

KITSAP, WASHINGTON

**DEAR KITSAP: Most parents do teach their kids to say "thank you," but some kids are slow learners.**

## P7-2 Ubert Conrad Vincent: An African-American Trailblazer and Pioneer of Varicocele Surgery

**Dr Abdirashid Hassan Kassim[1], Mr Iain Wharton[1]**
*[1]University Hospital Of Coventry & Warwickshire, Coventry, United Kingdom*

Born in Rayleigh, North Carolina, Vincent(1892-1938) attended Pennsylvania University. Graduating in 1918 Vincent acknowledged that Philadelphia's hospitals would not be open to him for postgraduate training.

He applied to Bellevue hospital, New York, for an internship and after submitting his photograph was advised that he could not be accepted. However, Mayor John Hylan and Surgeon John B.Deaver(synonymous to retractor) requested his application be reconsidered. Appointed the hospital's first African-American intern he secured residency(1919-1920) under urologist Edward L.Keyes.

In his first-year he introduced the'Vincent operation', an improved procedure for the relief of varicocele. At operation the external inguinal ring is exposed and pampiniform plexus identified. The cremaster is divided and veins ligated. The testicle is drawn up and the lower veins transfixed. Each suture end is passed into the inguinal canal and out through the aponeurosis where they are tied. As Keyes commented,"it is the only operation that sufficiently suspends the testicle to relieve the pull upon the vas which is the usual cause of testicular neuralgia"(1924).

Post-residency, Vincent was appointed to Harlem hospital as an attending urologist and subsequently became chief. By 35-years old he had built the largest private practice of any African-American physician in New York.

In view of the need for African-American physician training Vincent proposed a sanatorium for the Harlem community. Opened in 1929, it lasted just 18-months due to funding issues after the Stock Market crash.

Vincent returned to private practice and prospered until he succumbed to a renal infection just prior to his 47th-birthday.

## P7-3 Trotula de Ruggiero, the first female urologist and andrologist of the Medieval Medical School of Salerno

**Dr Rosa Mancuso[1]**
*[1]Kingston and Richmond NHS Foundation Trust, London, United Kingdom*

**Introduction:** In medieval history, there are no documented examples of women who have made significant

contributions to medicine. Trotula de Ruggiero, was an exceptional pioneering physician who trained at the renowned Medical School of Salerno and best known for her comprehensive medical texts, particularly: "The Book of Trotula on the Treatment of the Diseases of Women Before, During, and After Birth" and "Practice according to Trotula."

**Materials and Methods:** A systematic review of the urological literature was conducted, supplemented by a survey of verified online sources. Italian and English published books and official translations of Trotula's original manuscripts were consulted.

**Results:** Trotula investigated male infertility from an infectious perspective, employing urine analysis as part of her diagnostic approach. Notably, she was one of the first to assert that infertility could result from conditions affecting either gender. Trotula also addressed erectile dysfunction, balanitis and orchitis.

In her works, Trotula described sexually transmitted diseases, including syphilis, and recommended the use of a "golden unguent" for the treatment of kidney stones. She discussed conditions like the "paralysis of the urethra" as a cause of incontinence and correlated between stress incontinence and uterine prolapse. As a result of her expertise, she earned the title of Magistra.

**Conclusions:** Trotula is remembered as one of the most innovative and modern female physician of the Eleventh Century. Her work was ahead of its time, with her clinical insights into urology, andrology, and urogynaecology proving both controversial and groundbreaking. A trailblazer whose impact resonated until the Fifteenth Century.

### P7-4 Honourable Hydrocele Healers: Unveiling the Surgeons Behind the Eponymous Techniques

**Dr Nicole Yacob[1], Dr Christy George[1], Miss Asmithaa Prabhakaran[1], Miss Theodora Stasinou[2], Prof. Ian Pearce[2]**

*[1]Bolton NHS Foundation Trust, Bolton, United Kingdom, [2]Manchester University NHS Foundation Trust, Manchester, United Kingdom*

Approximately 1% of adult males are affected by hydroceles. The surgical principles for hydrocele repair originated from the contributions of Matthieu Jaboulay and Peter Lord.

Born in 1860 just outside Lyon, France, Matthieu Jaboulay diverged from his family's carpentry tradition to pursue medicine. Developing a passion for anatomy at Lyon School of Medicine, Jaboulay left an indelible mark on vascular and general surgery. He introduced the Jaboulay method for vascular anastomosis and xenotransplantation. Jaboulay's approach to a hydrocele by excision of the sac and suturing it behind the testicle became the prevailing method of hydrocele repair. In November 1913, Jaboulay's life was cut short at the age of 53 in a train crash. Lyon pays homage with Rue Jaboulay, a road named in his honour.

Born in Oldham to Sir Frank Lord in 1925, Peter Lord OBE, obtained his medical degree from the University of Cambridge in 1948. In 1964, he introduced a pioneering technique that involved the plication of the sac, reporting significantly reduced rates of postoperative complications. This approach was detailed in the article titled "A Bloodless Operation for the Radical Cure of Idiopathic Hydrocele." Lord went on to become the Vice President of the RCS England and beyond his medical endeavours, cultivated diverse interests in photography, travel, sailing, and gardening. He passed away in 2017 at the age of 91, leaving behind a lasting legacy.

Mathieu Jaboulay (1816-1913)

### P7-5 Richard Turner-Warwick CBE (1925-2020): British pioneer in reconstructive urologic surgery

**Miss Francesca Kum[1], Mr Ramandeep Chalokia[2]**

*[1]Kings College Hospital, Denmark Hill, London, United Kingdom, [2]Warrington and Halton Teaching Hospitals NHS Foundation Trust, Warrington, United Kingdom*

**Introduction:** Richard Turner-Warwick popularly known as RTW is a profoundly familiar name in the field of reconstructive urology.

**Materials and Methods:** A literature search was done on the life, works, and achievements of RTW.

**Results:** RTW was accepted to study medicine at Oriel College, Oxford in 1942. He completed honours degree in Natural Science and Neuroanatomy.
He trained in urological surgery under eminent urologists namely Sir Eric Riches and Sir David Innes Williams in London obtaining his FRCS in 1954. Furthermore, his international fellowships resulted in being mentored by some famous American Urologists in the late 1950's.
He joined as a Consultant at Middlesex Hospital in 1960 and developed his interest in Functional Urology. He is credited with the introduction of the first clinical urodynamics unit in the world. He specialized in complex pelvic surgery and male urethral stricture surgery culminating in a book: 'The Functional Reconstruction of the Urinary Tract and Gynae-Urology'.
His mother's and grandfather's side pursuits of woodwork, mechanics, and silversmith work nurtured his creation of surgical instruments most notable being the 360-degree retractor which remains in clinical use today.
RTW's distinguished career included leadership roles and awards including being a founding member of the International Continence Society; President of the British Association of Urological Surgeons; European Willy Gregoir medal; 'Innovators Award' at the European Association of Urology meeting in 2017 to name a few.
**Conclusions:** He passed away in September 2020 leaving a huge legacy in reconstructive urology being remembered as the "Father of Reconstructive Urology".

## P7-6 The Ottoman Empire's Overlooked Legacy in Urological Innovation

**Dr Darshan Sitharthan**[1,2]
[1]*Royal Prince Alfred Hospital, Sydney, Australia,* [2]*The University of New South Wales, Sydney, Australia*

**Introduction:** Spanning from the fourteenth to early twentieth century, the Ottoman Empire (1299–1922) bridged Europe and Asia, creating fertile ground for medical and surgical advances. Despite this rich environment, Ottoman urological achievements—such as early lithotomy refinements, adoption of ether anaesthesia, and pioneering prostate surgeries—remain overshadowed in conventional histories.
**Materials and Methods:** Archival manuscripts, early medical writings, and hospital records (including those from Gülhane Military Medical Academy) were systematically reviewed. Key Ottoman-era surgeons—Cemil Topuzlu Pasha, Dr. Nafilyan, and Dr. Alexander Pappas—were identified, along with institutional collaborations that facilitated novel diagnostics, operative methods, and structured training in urology.
**Results:** The Ottoman medical community enhanced European surgical practices by introducing innovative catheters for bladder stones, employing ether in place of chloroform, and establishing formal "urology units" under General Surgery. Military-civilian integration at institutions like Haydarpasha Hospital enabled the combined training of surgeons in emerging sub-specialties, including genitourinary procedures. Early national urological associations and Ottoman delegates at international congresses signalled a recognised field, even amid political upheaval. Documented operations—ranging from bladder stone removals to open prostate enucleation—highlight the Empire's adeptness at adopting, refining, and disseminating modern urological techniques.
**Conclusions:** Ottoman surgeons played a pivotal role in shaping urological practice, introducing advanced operative procedures and formalising training decades before such innovations were widely acknowledged elsewhere. Recognising this legacy enriches our understanding of global surgical evolution and underscores the Empire's lasting impact on the history of urology.

## P7-7 George Tiemann & Company: Fabricator of Fine Surgical Instruments and a Revolutionary Catheter

**Miss Isobel Radford**[1], **Mr Iain Wharton**[2]
[1]*Bristol Medical School, University of Bristol, Bristol, United Kingdom,* [2]*University Hospitals of Coventry & Warwickshire NHS Trust, Coventry, United Kingdom*

Born in Oedelsheim, Germany, George Tieman(1793-1868) trained as a nailsmith/cutler before emigrating to New York. There, he established a cutlery shop, George Tiemann&Co.(1826). By 1841, he was producing surgical instruments.
At this time American surgical practitioners were influenced by long-standing English and French traditions and preferred European-made instruments, deeming them of superior craftsmanship. This preference only waned when Tiemann and New York-based English artisan William Goudling started producing instruments of equal quality.
Prior to 1855 Tiemann marked his instruments as 'Tiemans','Tiemann' and'Geo.Tiemann'. After 1830 he also used the marks'G.Tiemann&Co.' and'Tiemann&Co.'. As the company mixed the markings this created confusion in both the dating and naming of instruments that continues until today.
During the Civil War(1861-1865) Tiemann became a major instrument and surgical set supplier to the Union. This was productive and led to them becoming the largest surgical instrument company in America. Cased surgical equipment for amputation, general surgery and trephining were fabricated. In the urology set were brass tubes with wax 'bougie' inserts and silver-plated metal catheters.
With Goodyear's development of vulcanised rubber(1839) George Tiemann&Co. became the first major manufacturer of rubber catheters in the States(1876). And in 1881

they patented the curved rubber catheter with tapering tip that they are homonymous with. This catheter had superior navigation of enlarged prostates and strictured urethra.
On George's passing in 1868, his employee Frederick Stohlmann(1818-1911) and great nephew Edward Pfarre (1824-1898) assumed the business and their descendants ran the company until 1940. It now operates from Long Island, and specialises in surgical scissors.

### P7-8 Johann von Mikulicz-Radecki's Trailblazing Intestinal Bladder Substitution: A Cornerstone of Modern Urology

**Dr Darshan Sitharthan**[1,2]
*[1]Royal Prince Alfred Hospital, Sydney, Australia, [2]The University of New South Wales, Sydney, Australia*

**Introduction:** Johann von Mikulicz-Radecki (1850–1905) was a pioneering surgeon whose diverse achievements included foundational work in thoracic, visceral, and gastrointestinal surgery. His important contributions to urology are less recognised, particularly his early innovations in intestinal bladder augmentation. This paper highlights Mikulicz's trailblazing sigmoid (and ileal) bladder substitution procedures, which significantly advanced reconstructive urology during the late nineteenth century.
**Materials and Methods:** A historical review of Mikulicz's medical publications and contemporary records was performed, focusing on his surgical techniques for bladder substitution. Special attention was given to his 1897 ureterointestinal anastomosis, first ileocystoplasty (1898), and other case reports describing exstrophy repairs using bowel segments.
**Results:** Mikulicz introduced a multi-stage approach for bladder augmentation, isolating a loop of bowel—either ileum or segments of the colon—to enhance bladder capacity and continence. His carefully staged operations employed strict aseptic principles, newly refined abdominal drainage techniques, and innovative postoperative management. By improving the success rates of complex genitourinary reconstructions, Mikulicz laid the groundwork for subsequent developments in urinary diversion and bladder augmentation worldwide. His dedicated urological ward in Breslau, staffed by a specially appointed urology assistant, also helped formalise urology as a distinct surgical specialty.
**Conclusions:** Mikulicz's early intestinal bladder substitution methods exemplify his forward-thinking approach to reconstructive surgery. By merging rigorous surgical technique with a willingness to adopt novel methods, he permanently shaped modern urology. Acknowledging his legacy underscores the pivotal role historical pioneers play in evolving today's complex reconstructive procedures.

### P7-9 Four Decades of Fowler's Syndrome: Claire Fowler's lasting impact in Neuro-Urology

**Dr Rebecca Pearce**[1], **Miss Theodora Stasinou**[2]
*[1]Wexham Park Hospital, Slough, United Kingdom, [2]Manchester University NHS Foundation Trust, Manchester, United Kingdom*

**Introduction:** Fowler's syndrome was first described by Professor Clare Fowler in 1985. It is a chronic condition, primarily affecting young women, in which a lack of normal relaxation of the external sphincter leading to urinary retention.
**Materials and Methods:** We aimed to highlight Fowlers Syndrome in the 40th Anniversary of its description by taking a closer look at Professor Fowler and her life.
**Results:** The daughter of two chemists, Professor Fowler was educated at Wycombe Abbey before qualifying in 1973 from Middlesex Hospital medical school. She worked as an SHO at the National Hospital gaining an MSc in neurophysiology. During this time she began assessing urethral sphincter electromyographical signals in women with urinary retention, discovering that sacral neuromodulation appeared a successful treatment. A profound discovery given the widespread view that urinary retention in young females was purely psychogenic.
Prof Fowler became head of the department at the National in 1987.
In 2010, she was awarded the BAUS St Peter's Medal and was made Commander of the Order of the British Empire in 2012.
In retirement Prof Fowler studied horticulture gaining a diploma in 2015, and became a lay minister, gaining a BA in theology in 2021.
**Conclusion:** Prof Fowler established the field of neuroneurology, and in doing so has directly helped many thousands of patients worldwide. A dedicated charity, Fowler's syndrome UK, of which she is Patron, raises awareness and encourages research, education and support for women.

### P7-10 The Güevodoces: how a small Dominican community helped in the global treatment of big prostates

**Mr John Hayes**[1]
*[1]Sunderland Royal Hospital, Sunderland, United Kingdom*

**Introduction:** In the small village of Las Salinas in the Dominican Republic, research over 50 years ago into a unique community, colloquially known as the Güevedoces, would have significant implications in the modern treatment of benign prostatic enlargement (BPE).
**Materials and Methods:** The seminal Imperato-McGinley research manuscript was acquired. The subsequent literature investigating the use of 5$\alpha$-reductase as a potential pharmaceutical target was also reviewed.

**Results:** In 1974, a team led by endocrinologist Dr. Julianne Imperato-McGinley of Cornell University (New York) presented their findings on a rare form of male pseudo-hermaphroditism caused by an autosomal recessive deficiency of 5α-reductase.

". . . the phallus enlarges to become a functional penis, and the change is so striking that these individuals are referred to by the townspeople as 'guevedoces' - penis at 12 (years of age)."

Reduced dihydrotestosterone production during a critical period of gestation resulted in ambiguity of the external genitalia at birth. During the primarily testosterone mediated period of puberty there was resultant growth of the phallus. Notably, these individuals displayed small underdeveloped prostates in adulthood. Dr. Roy Vagelos, the president of research at the pharmaceutical company Merck, utilised Imperato-McGinley's findings to develop Finasteride (Proscar) which would later undergo FDA approval for treating BPE in 1992.

**Conclusions:** The discovery of the Güevedoces revolutionised our understanding of dihydrotestosterone-dependent disease processes and contributed to the development of effective BPE treatments.