and enclosing in its mass the prostatic urethra. Strange as it may seem, the patient has not suffered from the mutilation, and the same result has been observed by Freyer and other operators who have had a like experience.

The after-management of these cases needs the utmost care, but the surprisingly good results which follow are worth all the time and trouble which the surgeon devotes to them.

REFERENCES.

¹ Clin. Soc. Trans., 1888, p. 52. ² BRITISH MEDICAL JOURNAL, October 19th, 1899, p. 864. ³ Harrison on *Surgical Diseases of the Urinary Organs*, 3rd Edition, p. 343. ⁴ BRITISH MEDICAL JOURNAL, March 29th, 1902, p. 763. ⁵ *Annals of Surgery*, vol. xxxiv, p. 421. ⁶ *Ibid.*, vol. xxiii, p. 334. ⁷ BRITISH MEDICAL JOURNAL, May 31st, 1902.

A Clinical Lecture

ON A FIFTH SERIES OF CASES OF

TOTAL EXTIRPATION OF THE PROSTATE FOR RADICAL CURE OF ENLARGEMENT OF THAT ORGAN.

Delivered at the Medical Graduates' College and Polyclinic.

By P. J. FREYER, M.A., M.D., M.Ch.,
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GENTLEMEN,—It will be within the recollection of some of you present here to-day that in a lecture delivered at this College on July 20th, 1901, I placed before this class details of my new operation of total extirpation of the prostate for radical cure of enlargement of that organ. I also gave particulars of four cases in which I had performed this operation successfully, two of the patients being present to tell their own tales. Since then I have from time to time communicated to this class particulars of series of cases in which I had performed this operation, and exhibited many of the patients in good health, untroubled by any urinary symptoms. I have in these lectures brought to notice various developments incident to an increasing experience of the operation. The cases—21 in all—have been published in detail in the *BRITISH MEDICAL JOURNAL*,¹ as also a description of the anatomical and pathological conditions that render the operation practicable. A more elaborate description of these latter conditions will be found in my work on *Hypertrophy of the Prostate*.² To-day I have to invite your attention to a further series of 10 cases operated on by me in the period between my return from my autumnal holiday in September and the end of the past year.

CASE XXII.

Gentleman, aged 65, patient of Dr. F. Milburn, of London, seen first July 16th, 1902. Usual prostatic symptoms, gradually increasing for ten years. Whole of urine drawn off by catheter for six months. Much pain at times, hæmaturia, and difficulty in passing catheter. Chronic cystitis. Urine contained pus and mucus, but was faintly acid. Prostate much enlarged per rectum, bilobed, tense, smooth, movable. Cystoscopy on August 5th revealed irregular prominence of the prostate in the bladder, particularly of the left lobe, presenting a so-called "middle" lobe the size of a gooseberry.

On September 9th, Dr. Milburn being present, I opened the bladder suprapubically and enucleated the prostate as a whole, in the manner already described, with a thin band of the sheath formed by the rectovesical fascia adherent to it from chronic inflammation. The prostatic urethra came away with the prostate. Nine minutes elapsed from commencing the suprapubic incision till the prostate was delivered from the bladder. Scarcely any bleeding, and no shock.

Recovery took place without any rise of temperature. Urine began to flow naturally September 22nd; wound closed September 29th; left the surgical home in good health October 5th, able to pass and retain his urine as well as he ever did. Came to see me November 6th in excellent health, untroubled by any urinary symptoms.

The prostate, which is pear-shaped, weighed 2½ oz.

CASE XXIII.

Captain J., aged 72, came from Wales to consult me October 24th, 1902, on the advice of Dr. A. Rees, of Cardiff, and Dr. Ironside, of Hampstead. Prostatic symptoms for nine years; retention of urine six years ago; much pain and hæmaturia for four years; catheter regularly employed for three years.

I drew off 6 oz. of turbid urine containing some pus and mucus. Sounded, but no stone found. Prostate enormously enlarged per rectum, bilobed, smooth, plump, soft, elastic, movable; suffering from chronic bronchial catarrh. Pulse irregular and bounding; high tension. Patient very stout.

On October 17th, Mr. C. Braine giving chloroform, Colonel Lucas, C.B., and Major Freyer, C.M.G., being present, I opened the bladder suprapubically. Prostate found much enlarged into bladder, particularly the

left lobe, which projected like the handle of a pistol, forming a so-called "middle" lobe. The prostate was enucleated easily and rapidly, the lobes separating along both commissures, and coming away separately, leaving the urethra behind uninjured. There was very little bleeding, and the operation was completed in twenty-four minutes.

The recovery was uneventful. Some urine passed naturally on October 20th, and the whole of it in this way on and after November 8th. On November 27 he went home to Wales in excellent health, untroubled by any urinary symptoms. On December 1st he wrote: "I am feeling splendid. I now make water freely, and have thorough control of it."

Fig. 1 is the prostate, weighing 6½ oz. The left lobe (A) was continued into the bladder, forming a projection like the handle of a pistol—the so-called "middle" lobe—and obstructed the entrance of the catheter.

Fig. 1.—Prostate, weighing 6½ oz., removed from a patient aged 72. Actual size. C, pistol-shaped continuation of left lobe (A), forming so-called "middle" lobe, which obstructed entrance of catheter. B, right lobe.

CASE XXIV.

J. H., aged 66, sent me by Dr. Wm. Curtis, Alton, Hants, August 5th, 1902. Prostatic symptoms for thirty years. Retention twenty-four years ago; urine drawn off by Dr. Curtis. Since then no urine passed except by catheter. During last two years in great agony from usual symptoms of stone, superadded to those of enlarged prostate. Has had numerous attacks of cystitis with fever. Catheter now required every half to one hour. Inguinal hernia requiring a truss. Patient extremely feeble, anaemic, and much depressed. I drew off 3 oz. of stinking urine containing blood, pus, and mucus. Sounded and multiple calculi detected. Prostate enormously enlarged per rectum bilaterally, soft, elastic, movable, placed high up, so that the finger cannot reach beyond it. Operation postponed till my return from my autumnal holiday.

Litholapaxy in September, debris of calculi weighing 180 gr. Thirteen days under treatment, when he left for home to recruit his health preliminary to undergoing operation for removal of prostate.

Returned on November 4th; bladder washed out twice daily to improve its condition. On November 12th I removed the prostate as usual, both lobes of which were unusually prominent in the bladder. The lobes separated along both commissures, and came away separately, leaving the urethra behind. There was considerable hæmorrhage and shock, and for several days patient suffered much from nausea. The wound was slow in healing, no urine passing naturally till December 15th. On December 28th the suprapubic wound had closed, and on January 6th he went home quite well, passing and retaining his urine naturally. On January 8th Dr. Curtis wrote: "I am perfectly delighted with the result. It is a triumph of surgery."

Fig. 2 is the prostate, weighing 6½ oz., the lobes (A, B) being placed in apposition as before removal. On the prominent portions in the bladder, at C, C', are ulcers, no doubt caused by the calculi previously removed by litholapaxy.

CASE XXV.

Captain E., aged 68, came from Argyllshire to consult me on November 17th, 1902, on the advice of Dr. G. Henderson, of Kilm. Prostatic symptoms for nine years; urine entirely by catheter for six years. During the last three years frequent attacks of cystitis and hæmorrhage, which blocked the catheter, which had to be passed every hour day and night; excruciating pain, requiring morphine to subdue it; urine thick with pus

and mucus. "Is now in such a state," wrote Dr. Henderson, "that he would submit to anything rather than go on suffering as at present." I drew off a couple of ounces of urine thick with pus, mucus, and blood, and of a fearful stench; and with the soft catheter detected calculi in the bladder. Sounded and found many calculi present. Prostate enormously enlarged per rectum, bilobed, rather hard, nodulated, but movable. Patient emaciated, but wiry.

Fig. 2.—Prostate weighing $6\frac{1}{2}$ oz. removed from patient, aged 66. A, B, lateral lobes. C, C, ulcers on prominent portions in bladder caused by calculi.

On November 10th, assisted by Mr. Wylie, Majors Freyer and Johnson being present, I opened the bladder suprapubically, and found it full of calculi—like a cup full of pebbles from the seashore—varying in size from a hazel nut downwards, each faceted, and all composed of phosphates. These I extracted by forceps and scoop, the process being a lengthy one, occupying 35 minutes. There were 96 whole calculi counted, besides the débris of many more, the whole weighing $5\frac{1}{2}$ oz. The prostate was then enucleated as a whole in its capsule, the lateral lobes separating along their superior commissure, the urethra being left behind. The prostate was so large that it had to be divided into its two lobes in the bladder by the finger to facilitate its removal. The enucleation and removal occupied five minutes. Though there was free bleeding during the removal of the calculi there was practically none during removal of the prostate. Convalescence was established without any rise of temperature or other bad symptom. Some urine passed naturally on December 6th, and entirely so on and after December 12th. On December 30th he travelled home to Argyllshire in perfect health, having put on much flesh, able to pass and retain his urine naturally.

Fig. 3 is the prostate, weighing $6\frac{1}{2}$ oz. The catheter shows the tortuous shape of the urethra. The end of the right lobe (B) projecting into the bladder is ulcerated, caused by the calculi. Fig. 4 (p. 900) are the calculi removed.

CASE XXVI.

Gentleman, aged 65, sent me by Sir Thomas Barlow, November 18th, 1902. Usual prostatic symptoms for three years. Catheter employed once nightly without much relief, as he has to pass urine hourly day and night. Catheter causes bleeding. I drew off 8 oz. of residual urine, turbid with muco-pus. Prostate much enlarged per rectum, bilobed, smooth, soft, elastic, and movable. Cystoscopy on November 20th revealed prominence of both lobes in bladder, particularly of the left, with lip-shaped projection growing from it on left of trigone. Considered good case for removal of prostate, except that patient was very stout.

On November 25th, Mr. C. Braine, anaesthetist, and Major S. F. Freyer assisting, I removed the prostate as a whole in its capsule, the lobes separating along their superior commissure, leaving the urethra behind intact. Time occupied by operation twelve minutes; enucleation of prostate into bladder took four minutes. Scarcely any bleeding; no shock.

The patient made a rapid recovery, passing some urine naturally

December 10th, and the suprapubic wound being completely closed December 16th. On December 19th he had a rise of temperature, apparently due to influenza, followed by slight jaundice, for which Sir Thomas Barlow saw him with me. This passed off in a few days, and on December 30th, Sir Thomas saw him in good health, untroubled by any urinary symptom. He left for home on December 31st. The prostate, which weighs $3\frac{1}{2}$ oz., is an excellent specimen, complete in its capsule.

Fig. 3.—Prostate weighing $6\frac{1}{2}$ oz. removed from patient aged 68. Actual size. A, B, lateral lobes. Bladder end of B shows an ulcer caused by calculi. Catheter placed in course of urethra, showing its tortuous shape.

CASE XXVII.

Gentleman, aged 72, seen in consultation with Dr. A. J. Fleming, of Hampstead, November 22nd, 1902. Usual prostatic symptoms gradually increasing for seven years. In March last had retention, for which the catheter was passed, followed by rigors and high fever; fourteen days in bed. Since then catheter regularly employed four or five times by night and once by day. No urine passed without catheter by night, some in the day. Several attacks of cystitis with fever since then; bladder washed out twice daily. Abscess of left kidney suspected in July; well-known surgeon called in in consultation. Urine then of specific gravity 1010. Two nurses in attendance since March. Went to Swanage in August, and had severe rigors with fever, from which he nearly died. Haemorrhage occasionally. I drew off 6 ounces of residual urine, faintly acid, with some pus and mucus. Prostate much enlarged per rectum, bilobed, broad, soft, smooth, movable. Patient, who had never been a strong man, extremely weak, emaciated, and anaemic. Cystoscopy revealed a well-marked outgrowth of right lobe in bladder.

On December 3rd Mr. Bakewell anaesthetist, Mr. Wylie and Dr. Fleming assisting, Major Freyer and Captain Erskine being present, I removed the prostate entire, leaving the urethra behind. Enucleation easily and rapidly accomplished, with scarcely any bleeding. The convalescence, though slow, has been uneventful, except for slight secondary haemorrhage on the eighth day. Urine began to pass naturally on December 26th; wound completely closed January 9th, 1903. He is now able to pass and retain urine normally, walking about his room daily and putting on flesh. He will leave the surgical home in a day or two.

The prostate weighs $2\frac{1}{2}$ oz., and presents a well-marked outgrowth of the right lobe—a so-called "middle" lobe.

CASE XXVIII.

On November 16th, 1902, I was summoned to Stockport to see a gentleman, aged 63, in consultation with Dr. Hyde Marriott of that place and Mr. Southam of Manchester. Prostatic symptoms for seven years; catheter from two to four times daily for five years, latterly attended with much difficulty of introduction and haemorrhage. Had retention in Brussels in the previous summer, when 26 oz. of urine were drawn off by a Belgian surgeon; subsequently profuse haemorrhage, necessitating the tying in of a catheter for four days, when patient's life was despaired of. Latterly the bleeding had increased in frequency, and when I saw him in consultation he was confined to bed from weakness caused thereby. I passed a coude No. 8, and drew off 8 oz. of blood-stained urine containing some pus and mucus. Sounded; no stone present. Prostate greatly enlarged per rectum, bilobed, smooth, tense, soft, movable,

After consultation it was decided that the case was one suitable for removal of the prostate, the only drawback being that the patient was very stout. On December 4th he was sufficiently strong to travel to London.

Fig. 4.—Jar containing 96 entire calculi and debris of others, weighing 5½ oz. removed from the bladder of Case xxv.

On December 8th I removed the prostate, Major Freyer and Dr. Marriott assisting. The prostate came away entire, together with a thin layer of the recto-vesical fascia, or sheath, outside it, which was adherent from old-standing inflammation. The prostatic urethra was also removed. Nine minutes elapsed from commencing the operation till the prostate was delivered from the bladder. Some urine passed naturally on December 20th, and entirely so on December 24th, after which the suprapubic wound did not reopen, and convalescence was established without a rise of temperature. The only interruption to his progress was an attack of biliary colic followed by jaundice, for which he was seen by Sir Thomas Barlow in consultation with me on December 30th; this gradually subsided. After January 3rd the patient went out for a walk daily, and on January 8th he left for Stockport, able to pass and retain his urine naturally.

Fig. 5 is the prostate, pear-shaped, and weighing 5½ oz. The lateral lobes (AA', BB') are seen covered by their true capsule, and outside of them is a thin band (C) of the recto-vesical fascia, or sheath. The prominences (A, B) projected into the bladder, forming a collar round its orifice.

CASE XXIX.

On December 10th, 1902, I was called in consultation with Mr. A. V. Evans, of Weybridge, to see a gentleman, aged 68, who had suffered from prostatic symptoms for many years. Great frequency of micturition—every hour for three months, and half-hourly for three weeks at night; less frequently in the day. Had retention ten days previously, when Mr. Evans drew off some 50 oz. of urine by the catheter, leaving a large quantity behind, so as to empty the bladder gradually. Haemorrhage three days after. London surgeon called in, and bladder then emptied by Mr. Evans for the first time. Much difficulty in introducing catheter at times; impossible to do so on the night of December 9th, when I was summoned, but on my arrival next morning the difficulty had been surmounted.

I drew off 15 oz. of bloody urine containing pus. Prostate enormously enlarged per rectum, bilobed, soft, movable. Patient extremely stout, suffering from emphysema, chronic bronchitis, and "gouty heart"; urine of low specific gravity. As suprapubic drainage of the bladder might be

necessary at any time, and could not in any case be long delayed, owing to the difficulty in passing the catheter, I advised removal of the prostate, at the same time pointing out that owing to the extreme stoutness of the patient, and the conditions already referred to, the operation could not be regarded as devoid of danger.

The patient continuing to lose ground, and the catheter difficulty increasing, he was brought to London nine days after, and kept under observation for a few days to prepare him for operation. There was much difficulty in catheterism at times, and the patient was very drowsy, constantly falling asleep unless kept awake. This latter symptom was noticed for some days before he came to London.

On December 24th Mr. C. Braine anaesthetist, Mr. Evans and Mr. Wylie assisting, I removed the prostate. Owing to the extreme fatness of the patient, the suprapubic wound was necessarily much larger than usual. The enucleation of the prostate from its sheath was easy, but some difficulty was experienced in getting the finger to reach the distant parts of the gland, to peel it off the triangular ligament. There was little bleeding, and the patient bore the operation well.

For the first few days patient progressed favourably, except for the constant drowsiness. He took nourishment well; urine was passed freely and clear, and the wound was healthy though extensive. The drowsiness, however, gradually increased, the pulse became intermittent and irregular, and he died on January 1st, 1903, in a comatose state, due apparently to retention in the blood of toxic elements of the urine. Whether or not death was immediately attributable to the operation it is difficult to say, though it has to be accepted in connexion therewith. A son of the patient, a medical man, who was with his father throughout his illness, considers that death was due to toxæmia from kidney disease which had set in before the operation, and probably was not hastened thereby.

The prostate, which in general contour resembles that of Case XXIII (Fig. 4) weighs 4½ oz.

Fig. 5.—Prostate, weighing 5½ oz., removed from patient, aged 63; actual size. AA', BB' lateral lobes covered by their true capsule, and encircled by thin band of recto-vesical fascia, C, removed with the prostate.

CASE XXX.

On December 17th, 1902, I was called to Bristol to see, in consultation with Dr. Edgeworth and Mr. Carwardine, a gentleman, aged 61, who had for ten years suffered from prostatic symptoms. Retention three years ago, when a catheter was passed and a large quantity of urine drawn off. Since then practically the whole of the urine passed by catheter; frequent attacks of cystitis; in dreadful pain; catheter every half-hour, day and night; narcotics for two years to relieve pain; latterly 70 or 80 gr. of chloral daily. Urine fearfully putrid, with much pus; haematuria occasionally. Unilateral castration 2½ years ago, which seems to have relieved him temporarily but did not stay the progress of the disease. I passed a catheter and drew off some urine of disgusting stench; impossible to sound him, owing to pain and contraction of prostatic urethra. Prostate moderately enlarged per rectum, bilobed, rather hard, and not very movable. Patient emaciated, anaemic, and very feeble; in terrible agony, from which his mind

seemed unhinged. Clamoured for immediate operation, which on consultation it was regarded advisable to postpone till after his arrival in London.

This patient, under the advice of Dr. Edgeworth and Mr. Carwardine, had arranged in May last to come to London to be operated on me, but getting temporary relief he postponed doing so till he was practically in extremis.

On December 18th he was moved to London. I had intended keeping him under observation for a few days, with a view to improve his health and prepare him for operation; but he was unable to sleep at night even under the influence of large doses of chloral, jumped out of bed, began to knock his head against the ground, and behaved generally like one out of his mind. I was therefore compelled to operate without delay, so telegraphed for Dr. Edgeworth and Mr. Carwardine.

I operated on the evening of December 20th, assisted by Mr. Carwardine and Mr. Wylie, Dr. Edgeworth being also present. On opening the bladder suprapubically, I found and removed three faceted calculi weighing $\frac{1}{3}$ drachm. The prostate, being prominent in the bladder, was easily enucleated, the lobes coming away separately. The enucleation and removal of prostate occupied four minutes. The prostate weighed $\frac{1}{3}$ oz.

The operation was borne well, and for the first two days no untoward symptom occurred. On December 23rd he became excited and violent, and was with difficulty restrained from jumping out of bed. Morphine was inadmissible, as it caused intense sickness, and large doses of chloral had no soporific effect; in fact, made him more excited. Seen in consultation with Dr. G. F. Blandford, who prescribed 2-drachm doses of paraldehyde, which produced sleep. Had to be removed from the surgical home and isolated as he disturbed the other patients. In spite of his excitement and constant attempts to remove the dressings, the wound rapidly healed, and urine began to pass naturally. He took nourishment freely, and on December 30th was physically stronger than before the operation, the temperature remaining normal throughout, and the pulse getting stronger daily. He now absolutely refused all nourishment, and, though artificially fed, his strength gradually gave way, and he died on January 2nd, on the fifteenth day after operation, from exhaustion, in spite of the most careful and tender nursing.

I approached the operation in this case with great diffidence, knowing that the patient was practically moribund, but in consultation we felt that we could not refrain from operating, to relieve the terrible agony and give the patient the only prospect of recovery. Only for the development of the mental symptoms, which had set in before operation, the patient would undoubtedly have made an excellent recovery.

CASE XXXI.

This patient, aged 68, came to the out-patient department of St. Peter's Hospital on November 29th, 1902, suffering great agony from complete retention of urine for two days. The bladder was enormously distended; the dullness reaching up to the ensiform cartilage. Prostatic symptoms had existed only eight months, but latterly there was great frequency of micturition, every hour and a-half by day and hourly at night. A coude catheter was passed, and a large quantity of alkaline urine containing pus drawn off. He was at once admitted, and the bladder not completely emptied for forty-eight hours. On December 12th I made a cystoscopic examination, and saw both lobes of the prostate enlarged in the bladder; cystitis also existed. Per rectum the prostate was only moderately enlarged, bilobed, and rather hard, particularly the left lobe. On December 18th he was discharged, to attend as an out-patient for the purpose of preparing him for operation. A catheter was passed every four or five hours; not a drop of urine passed naturally after the retention.

His health being sufficiently restored he was readmitted December 29th, and on December 31st I opened his bladder suprapubically, and removed his prostate entire in its capsule, the lobes separating along their superior commissure, and the urethra being left behind. The patient scarcely felt the operation, and was reading a newspaper the next day. He began to pass urine naturally on January 10th, 1903, and the suprapubic wound was quite dry on January 12th. He has been sitting up for several days, and can now retain and pass his urine naturally. There has been no rise of temperature since the operation. The prostate weighs $\frac{1}{3}$ oz.

During the period covered by these operations there were four other cases in which operative interference was necessary in connexion with prostatic troubles. In two of these, aged respectively 76 and 62 years, partial prostatectomy was performed, the portions of prostate removed weighing about $\frac{1}{2}$ oz. It was found impossible to remove the entire prostate, as the adenomatous outgrowth had not sufficiently advanced to define the limits between the prostate and the surrounding tissues. One of these made a good recovery, and, if not cured, is certainly relieved of most of his symptoms. The other died on the eighth day from pneumonia, believed to be due to the ether employed as the anaesthetic. The third case was that of a very feeble gentleman, aged 86, who was in terrible distress from prostatic symptoms which had existed twelve years. On opening the bladder suprapubically the patient became so collapsed that I was afraid to remove the prostate, so I had to rest content with establishing a permanent fistula. He made a good recovery, and is now free from pain, and walks out daily when fine. The fourth case was that of a medical

man, aged 84, who, on the advice of Sir Henry Thompson, commenced catheter life in 1875, and for 26 years had passed practically the whole of his urine by catheter; for the last two years in terrible agony, great difficulty in passing the catheter, and haematuria. I could find no enlargement of the prostate per rectum, so concluded that the enlargement was wholly in the bladder. No sound could be introduced, but the presence of calculi was practically certain. I opened the bladder suprapubically in October, 1902, with a view to remove both calculi and prostate. I found two calculi, each 1 in. in diameter, but to my astonishment there was no enlargement of the prostate in the bladder, and with a finger in the rectum and one in the bladder I could find no enlargement of the prostate whatever. A 15 E solid steel sound was passed through the urethra. The patient made a good recovery, the suprapubic wound being allowed to close, and he is now in good health, able to pass his catheter without any trouble. This case suggests the following questions: (1) Is it possible that prostatic atrophy succeeded to enlargement; and, if so, why did the patient not regain the power of voluntary micturition? (2) Was the case an example of those one occasionally meets with, in which a patient enters on catheter life, sometimes long before the age of prostatic enlargement, and never regains the power of voluntary micturition, though neither enlargement of the prostate nor any other tangible cause can be found to account for this condition?

I have in this and previous lectures given full details of 31 instances of complete removal of the prostate performed by me, in a period extending over about two years, the patients varying in age from 58 to 79 years, the prostates weighing from $\frac{1}{3}$ to 10 $\frac{1}{4}$ oz. Those of you who have followed these lectures will have noticed that a very large proportion of the patients were almost moribund before the operation. Scarcely any of them were free from one or more grave complications, such as putrid cystitis, pyelitis, kidney disease, diabetes, heart disease, chronic bronchitis, etc. Of these, 27 were successful, both immediate and remote. And when I talk of success, I mean an absolute and complete success, the patients being able to retain and pass their urine as well as they ever did. I hear from most of these cases, and see many of them periodically. In no case has there been any relapse. Time only seems to consolidate their cures. There were four deaths in connexion with the operation—namely, two from mania, after the wounds had practically healed and urine was passed naturally; one died suddenly from heat-stroke on the tenth day, when he was convalescent; and one from coma due to retention of morbid products of the urine in the blood, which had set in before the operation. Though these deaths are accepted in connexion with the operation, in only one instance can death be possibly attributed thereto. Increased experience only confirms my early anticipations as to the blessing to poor old suffering male humanity of this operation.

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, July 20th, 1901; February 1st, July 26th, and November 8th, 1902. ² Published by Baillière, Tindall, and Cox, London.

ON THE OPERATIVE TREATMENT OF PROSTATIC OBSTRUCTION.*

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It is only within the last fifteen years that attempts have been made to obtain a radical cure by operative interference in cases of prostatic obstruction. Before that time treatment was of a palliative nature, being mainly directed to the relief of the distressing symptoms which are so often met with in this condition—namely, the pain, increased frequency, and difficulty in micturition, culminating in many cases in more or less complete retention of urine.

Great advances have been made of recent years in the surgery of the bladder generally, not only in the methods of examination and means of diagnosis, but also in the operative treatment of many of the diseases to which it is liable. I need hardly remind you of the improvements in the performance of lithotripsy, or of the reintroduction into practice of the old and discarded method of opening the bladder from above the pubes—the "high operation," as it was formerly termed, which may be said to date from about the year 1855. The

* Read before the Southport Medical Society.