

while bacteria in varying numbers are usually present in the urine. No harm results until the stasis takes place, with the presence of which inflammation often supervenes spontaneously, or with the first internal manipulation of the physician, or soon thereafter. With the onset of infection all symptoms increase to a distressing degree, and the health of the individual suffers proportionately from added septic absorption.

We have, therefore, a lesion which is progressive, leading to farreaching complications, and which, if left to itself, results in impaired comfort, efficiency and health, eventuating in invalidism in a considerable proportion of men past middle life. It is therefore a subject of great importance. How shall we cope with it? How can this prostatic degeneration be prevented?

### Etiology

The etiology of the condition is uncertain. Dependence upon infection is doubtful, as the process is one of advancing years and well past the usual period of venereal infection. The urine in early cases often reveals no evidence of infection caused by other pyogenic organisms. The prostates of practically all men past middle life are shown, on microscopical study, to be subject to the same adenomatous change which, in its more complete development, is called prostatic hypertrophy.

All factors that lead to congestion of the prostate, as inflammation, sexual excess or irregularity, sedentary life, and poor elimination undoubtedly predispose to the degenerative change: and it is fair to say that the prostate shares in

the general well being of the individual who maintains a physical and mental equilibrium through proper intake, elimination, exercise, and sexual life, without undue mental stress.

The periodical physical examination of males past middle life may make it possible for us to detect the first signs of prostatic change in a large proportion of men; and by studying more cases in this stage, to arrest its progress, to alleviate the symptoms by minor procedures, to radically cure the condition by removal of the gland before secondary changes have caused permanent damage, and to detect carcinoma at a time when it can be handled to better advantage.

As a basis for what I shall have to say regarding the handling of cases presenting disturbances of urination sent to me as prostatic cases, I wish to briefly summarize 204 male patients of this type seen in private practice during the past year. Hospital cases have not been included in this group, as it is difficult in this class of patient to adopt the regime most satisfactory and to follow them carefully.

Of these cases fifty-two presented a clearcut adenomatous enlargement or so-called hypertrophy. Of these fifty-two, thirty-six were operated upon, the prostate being removed. Seven others are under observation, the condition not being extensive enough to make operation imperative at the present time, although it was advised in four of these seven. Seven others presented complications without severe symptoms, the symptoms being relieved by the elimination of the complications. Two, given suprapubic drainage, have not yet