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CONTENTS

ORIGINAL ARTICLES:

Notes on Three Cases of Prostatotomy.
Automatism of Drunkards.

SELECTED ARTICLES:

An Interesting Case of Acute Bright's Disease.
Diphtheria.
Otitis Media Subequeiva Acuta, from Swallowing a Pin.

The Treatment of Gout.

The Radical Cure of Femoral Hernia.

EDITORIAL.

Important Legal Decision.

MISCELLANEOUS:

A French Surgeon Arrested for Not Disinfecting His Instruments.

PHARMACEUTICAL:

The Physician and Proprietary Medicines.
On the Therapeutic Properties of Alcohol.
The Druggist and His Limitations.
Analysis of a Black Silk Dress.
Synthetic Remedies.
Test for Formaldehyd.

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ORIGINAL ARTICLES

NOTES ON THREE CASES OF PROSTATECTOMY.

By Dr. H. H. Chown, Surgeon to the Winnipeg General Hospital.

Case I.—J. M., age 56, a farmer, entered the hospital on October 4th, 1897, complaining of all the symptoms produced by a large prostate, with accompanying cystitis. He had to use the catheter nearly every hour, and only had relief from pain for a few minutes after each catheterization. His early history is unimportant and throws no light on the case. In 1891 he had an attack of pain in the back and lower abdomen, accompanied by chills and fever, after which his urinary troubles began. At first simple increase in frequency of micturition was noticed. He passed urine every two hours during the day and every four hours at night, each act being followed by smarting at the neck of the bladder. On account of increased difficulty he had to resort to the use of the catheter in 1894, and has continued its use up to the time of operation. As no care was employed to keep the catheter clean, all the painful and distressing symptoms of cystitis were added to his other troubles. In 1895, after

an attack of severe pain in the lower part of the abdomen, accompanied by chills and fever, he had double epididymitis. The first blood noticed in the urine was in December, 1896, and this usually preceded the flow of urine, therefore, in all probability, coming from the prostate. The pains, tenesmus and constant desire to urinate increased to such an extent that he sought surgical aid last spring. He submitted to unilateral castration, external urethrotomy and internal urethrotomy with very little benefit. When he entered the hospital, under Dr. Chown, in October, he was in such misery that he readily accepted the proposal to try removal of the prostatic outgrowths. On October 10th the bladder was opened suprapubically. Both lateral lobes were greatly enlarged, although the right was at least twice the size of the left. The posterior lobe was also hypertrophied, but to a less extent. The three protruding masses were enucleated, and then encysted behind the prostate a stone as large as an unshelled almond was found and removed. The hemorrhage was slight. Although the wound in the bladder filled in more slowly than usual, it is now closed, and the patient has power to pass urine naturally and almost without pain.

Case II.—F. F., age 70, a farmer, enter-