

Prostatic Hypertrophy.—Dr. I. H. Cameron made some remarks on prostatic hypertrophy. He said he would not enter into a discussion of the pathology and nature of this trouble, but would rather confine himself to the matter of the treatment. However, he inclined to the view of Harrison that the prostate gland was a muscular sphincter of the bladder rather than a gland, as the amount of muscular tissue was relatively much greater than that of the glandular. Under certain circumstances, hypertrophy of this structure took place as a result of increase of function; following this there was more or less retention of the urine. All were agreed that Sir Henry Thompson was right in establishing the teaching that when a man has residual urine he should have artificial relief by catheter frequently. That doctrine had held universal sway until one day a celebrated physician, now gone over to the majority, unfortunately, wrote an article on catheter fever, and set the world agog by pointing out the frequency of cystitis and distension of the urinary tract by the catheter, which, if properly used, and not abused, relieved the condition which latterly ended in this distressing state. After Clark had written this paper, there was a strong reaction on the part of the older men, who began to fear that their patients would die of surgical kidney. The speaker said no doubt many had died and many would die of it as long as the catheter was used without antiseptic precautions. If antiseptic precautions were observed, however, surgical kidney would be avoided rather than caused by the proper use of the catheter. In advanced stages of prostatic enlargement, where micturition was impossible and the intolerance of the bladder was very great, though only a small amount of urine was in it, and where it was necessary to use the catheter, a surgeon could not be present to pass it. There was great need of insistence that in such cases of prostatic hypertrophy the proper use of a catheter would lead to cure. It was only in its misuse that dangerous results followed by infection of pyogenic organisms from without. Another method of treating the condition, which had found its strongest advocate in White, of Philadelphia, was that by orchidectomy. In one hundred and eleven cases in which operation had been done there had been twenty deaths. The average age of the cases in which recovery took place was 66½ years; the average age of fatal cases, 75. So age seemed to have some influence in determining the mortality—something that would be expected because of the probable presence of arterio sclerosis and less recuperative power of the tissues the older the men were. Of the twenty fatal cases, White, for one reason and another, thought that thirteen might be excluded, as the precedent condition of the patient was such as to prevent success in the operation. This seemed