

## TREATMENT OF PROSTATIC HYPERTROPHY.\*

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Prostatic hypertrophy is so common in advanced life and so surely undermines the health and embitters the declining years that its treatment must always appeal to medical men very strongly.

Until quite recently the use of the catheter afforded the chief and almost the only means of relief. This is only palliative, and so often leads to infection of the bladder, with all its concomitant evils, that I have no hesitation in saying that it should never be resorted to by any unskilled person. I have never known a patient to use a catheter himself for any considerable length of time without causing infective cystitis and its resulting train of distressing and dangerous sequelæ.

Within the past few years various operative measures have been tried for the cure of this ailment, and the accumulated experience resulting from these have enabled surgeons to estimate pretty accurately the value of each. Castration, vasectomy, prostatectomy, and the Bottini operation are the only radical methods of dealing with prostatic hypertrophy advocated at the present time. There are undoubtedly cases in which castration or vasectomy has proved beneficial, but there are obvious objections to these operations, and the results are so uncertain that they are not likely to be adopted in many cases. I have tried both several times, but probably from lack of skill in the selection of cases, none of them were cured, and I soon abandoned these modes of treatment. Prostatectomy was formerly considered an operation of much danger and difficulty, but modern technique has overcome these to a great degree. The mortality in skilled hands is quite low, and the results when recovery takes place are so good, that it is likely to be the operation of choice in a large number of cases. Men who have not had their general health injured much by the disease, whose kidneys are sound, and in whom general anesthesia would be safe, bear prostatectomy well. On the other hand, the Bottini operation, which can be performed under local anesthesia, is well suited to men of low vitality, to whom general anesthesia would be dangerous, whose kidneys may have undergone

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