The Canadian Practitioner and Review.

VOL. XXXII. TORONTO, OCTOBER, 1907. No. 10

Original Communications.

OPERATIVE TREATMENT OF THE PROSTATE.*

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Since Mr. McGill in 1888 introduced the operation of removing a part or the whole of the prostate, a rapid and rational evolution has taken place in the technique of the operation, until to-day we are told by eminent surgeons that the operative treatment of the prostate is as safe and satisfactory as the operative treatment of the vermiform appendix. I cannot, from my own personal experience, subscribe to this statement, but even the most sceptical or the most conservative surgeon cannot deny that the operative treatment of the prostate is now upon a firm basis, and little difficulty is experienced in deciding upon the advisability of, or the necessity for, operation in typical cases, nor even in the choice of operation when once it has been decided upon. The ideal operation of to-day is the complete removal of the prostate with the least possible injury to adjacent parts—bladder-wall, ejaculatory ducts and rectum. The older palliative operations, temporary or permanent bladder drainage or repeated aspirations and orchidectomy and vasectomy, which it was hoped at one time would obviate the necessity for more radical operations, have passed into history. So have many less rational procedures, notably those based upon the idea of galvanic or electric action.

There remains, therefore, for discussion to-day practically only the radical operation of complete prostatectomy and the palliative operations of partial prostatectomy, removal of pro-

*Read at meeting of Canadian Medical Association, Montreal, 1907.