

years of age, went through the same clinical course, his suprapubic drainage lasting three months, the prostatectomy at the end of this time resulting in no reaction, the wound closing in one week.

While these were extreme cases many others in which I would have hesitated formerly to do a prostatectomy, went through with almost no reaction. Only one patient an operative case, of this group died, death occurring from pulmonary embolus twelve days after operation, with the wound healed.

The essential features of the operation are:

1. Suprapubic drainage of the bladder as soon as is justifiable.

2. Maintenance of suprapubic drainage until the patient has reached a new kidney balance, as evidenced by the patient's condition and by special tests. Such drainage relieves congestion of the bladder neck, with shrinkage of the prostate and lessened liability of hemorrhage at prostatectomy. It allows the wound to become a walled off sinus, lined with healthy granulations, and the bladder infection to clear.

3. Prostatectomy — performed through the dilated suprapubic

sinus—by intraurethral enucleation, control of hemorrhage by a Pilcher bag.

4. Removal of the bag in twenty-four hours, allowing the suprapubic wound to heal by granulation, which takes place rapidly owing to the healthy condition of the wound and aided by an indwelling catheter in the urethra.

Prostatectomy performed in this manner in cases of true hypertrophy, by its safety and excellent functional results, has changed the aspect of this dreaded condition, with its farreaching complications. It is an operation to be considered before serious complications have become manifest and in cases that were formerly thought of as impossible surgical risks.

Too much emphasis cannot be laid upon the necessity of a careful study of cases presenting urinary symptoms, as evidenced by the fact that but fifty-two of 204 cases showed true hypertrophy, and of the proper observation of all cases, bearing in mind the large proportion of cases of carcinoma and our limited means of coping with malignancy in this location.

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“The Nationalization of the Medical Profession.”

BY

DR. J. S. HETT, of KITCHENER

Read it and write us your views.