

PROSTATIC HYPERTROPHY: ITS TREATMENT.

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THE sufferer from chronic prostatic hypertrophy has in the past been able to look forward to but one future, and that an exceedingly dismal one—catheter life. This is indeed one of the most deplorable conditions to which man is heir, and one which, when relieved, occasions more genuine satisfaction than that produced by almost any other surgical procedure of to-day. When one or both lobes of the prostate attain such a size as to preclude the possibility of voiding all the urine in the natural manner, life becomes miserable indeed, as the daily introduction of the catheter to evacuate the bladder of the residual urine soon begins to sow the seeds of that inevitable misery, the direct result of cystitis, ascending pyelitis, etc.

Until within the last decade the treatment has been entirely medical, and this, of course, could, even at the best, afford but temporary relief. Irrigations of the bladder, along with the various medicinal agents employed, could for a time assuage the distress of the accompanying cystitis, and in every case the patient must ultimately bow to the inevitable. Surgery, however, has to-day come to the relief of this condition, and where formerly no hope of recovery could be entertained, the sufferer may now look forward with the utmost confidence to a complete and permanent cure.

The real advancement in the treatment of prostatic disease has taken place during the past ten years. In the decade prior to this, much experimentation had taken place, but little practical knowledge had been actually accumulated. Surgical interference had been advised by various illustrious surgeons, only to be accompanied by such an enormous death-rate as to cause its complete abandonment. Various routes and modes of attack had been exploited by their various advocates; but no matter what route or what method was employed, the result was inevitably the same—a mortality so high as to make its employment almost suicidal.

To illustrate the status of prostatic surgery, even twenty-five years ago, I might quote from a lecture delivered to his students in the latter part of 1888, by Sir Henry Thompson, at that time the most illustrious genito-urinary surgeon in England. After describing in detail the then most approved plan of treating the enlarged prostate, he says in part: "I now proceed to say a few words relative to a question which I think must have already arisen in the mind of some of you, although I have not hitherto made any allusion to it. The inquiry is naturally sug-