

the method 282 times in 16 cases of spinal disease (15 of tabes and 1 of Friedreich's ataxy), the greatest number of suspensions in individual cases varying from 29 to 35. The operation was performed on alternate days, the suspension lasting from two to three minutes in patients weighing from 11½ to 14 stone, and four minutes or even more in those weighing from 7 to 10 stone. In several cases decided improvement took place, but in others the result was *nil*. In those cases in which benefit was derived from the treatment, there was usually a slight relapse after the first few suspensions, followed by steady and apparently permanent amelioration, which began to show itself between the twentieth and thirtieth operations.—*Med. Recorder*.

THE TREATMENT OF RETENTION OF URINE DUE TO ENLARGED PROSTATE.

Enlargement of the prostate gland, with its consequent disastrous effects upon the urinary bladder, occupies, unfortunately, a prominent place in the long list of diseases that belong to old age, and, until recent years, all that surgical skill could do for it, no matter how severe might be the suffering it caused, was to deal with it in a manner purely palliative. To be sure, in a certain proportion of cases the use of the catheter has yielded results more or less satisfactory, and, of course, there always will be cases in which it will be found a valuable source of relief. On the other hand, instances will be met with in which the catheter, although it may have been for years employed with none but satisfactory effect, all at once becomes a source of irritation, or infection perhaps, and establishes a troublesome cystitis, which eventually is fatal. For such cases the surgeon should possess radical means of cure.

As a step in this direction the operation of perineal incision for drainage of the bladder, which has been a recognized procedure for at least a decade, was introduced. It holds out the promise of certain relief, but not of cure, and in spite of the good results it has yielded, it possesses the disadvantage of being but a temporary measure. Permanent cure is attainable only through an operation which effects the removal of the hypertrophied prostate, or such part of

it as is obviously the cause of the patient's disability. Prostatectomy is an accomplishment of modern surgery, in fact, of very recent years, and, as is generally known, there are three methods in which it has been performed—the urethral, the perineal, and the supra-pubic. Against the first two the strong objections of uncertainty and extreme difficulty of performance must be urged, while the last is an essentially simple operation, and presents the great advantage of permitting the operator to learn through the sense of sight, as well as touch, the precise state of affairs he has to deal with.

At the meeting of the British Medical Association, held at Leeds in August last, there took place a most interesting discussion on the subject of "The Treatment of Retention of Urine from Prostatic Enlargement." It appears in the *British Medical Journal* for October 19. The discussion was opened by Mr. A. F. McGill, Surgeon to the Leeds Infirmary, who presented in a very concise manner an admirable and most instructive paper. Confining his attention entirely to those cases of enlarged prostate in which retention is chronic, requiring habitually artificial relief, the speaker made his remarks in a series of propositions, which he himself discussed, and then invited expressions of opinion from the other members of the surgical section of the Association. Mr. McGill's propositions are the following: 1. That prostatic enlargements which give rise to urinary symptoms are intra-vesical and not rectal. 2. That retention is caused by a valve-like action of intra vesical prostate, the urethral orifice being closed more or less completely by the contraction of the bladder on its contents. 3. That in many cases self-catheterization is the only treatment required. 4. That when the catheter treatment fails, or is unavailable, more radical measures are necessary. 5. That this treatment, to be effectual, should (1) for a time thoroughly drain the bladder, and (2) permanently remove the cause of obstruction. 6. That these conditions are best fulfilled by a supra-pubic rather than a urethral or perineal operation. A table comprising twenty-four cases in which the operation had been performed at the Leeds Infirmary accompanies the paper, and from it we learn with surprise the excellent results obtained. Considering the fact that the patients were all elderly, some very old and