TREATMENT OF CHRONIC PROSTATIC ENLARGEMENT.*

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THE symptoms, diagnosis and characteristics of prostatic enlargement will not receive much notice: for to give a full paper on the subject would occupy far too much of your valuable time. Although the treatment of chronic prostatic enlargement has long been under the attention of the profession, and, notwithstanding the great progress made towards its solution, there is still room for improvement, although we think an almost ideal operation can be done, of which you will hear later on. The prostate gland—*musculo glandulæ*—situated at the outlet of the bladder, and surrounding its neck, behind the triangular ligament and impinging on the rectum, has two lobes, united by an inferior and superior isthmus from apex to base, this union forms the prostatic region of the urethral canal. The base embraces the vesico-urethral orifice and the anterior ends of the supermatic canals. It is well supplied with blood vessels, nerves and lymphatics, which may explain the more or less mental and physical reflexes which occur after operations, and also in infectious diseases attacking this organ. It is both a genital and a urinary organ, because the milky mucous secretion contributes largely to dilution of semen; and, being muscular, helps the ejaculation of semen. The floor is particularly the seat of the pleasurable sensations, experienced in the functional act. There is a divergence of opinion as to whether it assists in urination or not; but the majority are of the opinion that, being an integral part of the urethra, it assists in expelling the urine. It attains its normal size about 25 years of age, and increases slightly after 50. Enlargement is the proper term, not hypertrophy, as it is not over-nourished, but rather the contrary.

Prostatic enlargement is a disease of old age, seldom giving trouble under 45 years of age. Not more than 40 per cent. of men, between 55 and 70, are affected with chronic enlargement, which rarely begins after 70: and of those 40 per cent. not more than 6 per cent. suffer seriously from disordered urination.

So it seems plain with such a diversity of morbid states and freaks of form, that no exact method of treatment can consistently be adopted, but that the proper management of any case must be premised by a diligent inquiry into each particular case.

Formerly, the progressive enlargement was regarded as a chronic inflammatory action. Later on, by the aid of modern methods, research

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