

this method of treatment and report cases as cured by it, but it is impossible to make a sufficiently wide removal of a cancerous prostate by enucleation where the diagnosis can be made before operation. The subcapsular dissection recommended by Proust and Albarran would appear to be theoretically a little more promising, but in more advanced cases the history of operative treatment has been far from encouraging. Billroth is credited with having performed the first operation for the radical removal of a cancerous prostate in 1867. Many operators since that time have devised and carried out operations with this object in view, some by the suprapubic route and others by the perineal route. Large portions of the bladder have been removed by some operators, and even the whole bladder has been removed and the ureters transplanted, but the results have not been such as to encourage a continuance of any of these methods.

In 1905 (Johns Hopkins Bulletin), Young of Baltimore devised the operation which bears his name and which stands to-day as the only radical procedure which commends itself to surgeons.

Two lessons have been learned, however, namely, first: that it is impossible to follow up extensive involvement of cancerous glands where they exist, and second, that closure of the bladder wound is possible after very large portions have been removed by the perineal route. Young's operation, which consists in exposing the prostate in the perineum, cutting the membranous urethra across and removing the bladder neck, prostate, seminal vesicles and ampullæ of the vasa deferentia, and reuniting the stump of the urethra to the upper angle of the bladder incision which is closed up to this point, has been very successful in his hands, but has not been extensively employed by other surgeons up to the present time. In fact, the radical removal of the cancerous prostate has not received the attention from surgeons which its importance entitles it to. It must, however, be admitted that the operation is difficult and not without danger, although Young had only one operative death in his first six cases and the after results were very satisfactory. In a direct communication Dr. Young writes me that one of his cases reports himself entirely well at the end of about four years. Even this operation can of course only be expected to be curative in the early cases. There are also more advanced cases in which even complete extirpation of the bladder and either bringing the ureters out upon the loin, as recommended by Watson, or transplanting them into the bowel with all its risks and disadvantages, would seem to be preferable to a period more or less prolonged of hopeless suffering and a miserable lingering death.