

## THE SURGERY OF THE ENLARGED PROSTATE.

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THE following remarks are based on an analysis of the cases of enlargement of the prostate which have occurred in my private practice; I have not included any cases seen by me in the last two years, as the analysis has been made chiefly from the point of view of the after-results.

The object of this paper is to demonstrate that, just as in operations for appendicitis or for carcinoma, the results depend very largely on the stage of the disease at which the patients are sent to the surgeon. It is a plea for early operation in cases of enlarged prostate.

I do not contend that all the late cases do badly; one man had suffered from complete retention for ten years, and yet did admirably; but all the cases that resulted badly had shown symptoms of urinary trouble for a long time, and the early cases invariably made a good recovery.

The question I wish to put is this: Supposing the surgeon sees a man suffering from slight dysuria (nocturnal frequency, loss of power in the stream, and perhaps a little pain on micturition), and finds that he has an enlarged prostate; should he advise that man to have his prostate removed, and is he justified in actually urging it?

Most of the modern surgical text-books either do not give one a clear lead, or they mention various methods of palliative treatment which they imply should be first tried.

The argument in favour of operation at this stage seems to me to be as follows: The early operation has a very low mortality-rate, probably under 5 per cent, and possibly a good deal less (I presume that the patient's lungs and heart are moderately sound); the inconvenience of lying in bed for two or three weeks is not more than most people would cheerfully consent to for an abdominal operation, such as gastro-enterostomy; if palliative treatment is adopted, no surgeon on earth can say that an operation will not be necessary later for retention, cystitis, or hæmaturia, and it is fairly certain that the mortality is then distinctly higher.

The argument against early operation is that many patients go on for years with occasional catheterization, and live in 'comparative comfort': that it is not of much use to inform the patient that the mortality is only 2 per cent unless you can assure him that he will not be one of those two: and that operation can always be performed later if this should be found necessary.

The answer to the question seems to me to depend on the after-results of the operation. Does an examination of the patient some time after the operation show that: (1) He can make a normal stream; (2) He has no increased frequency of micturition; (3) He has no pain on micturition; (4) He has had no hæmaturia; (5) He has perfect control of the bladder?

From an investigation of my own cases, I am inclined to say that the results of an early removal of the prostate, before the onset of retention or cystitis, are perfect as regards all except No. 2, and show a very great improvement in that respect. In other words, I believe the surgeon can conscientiously say to the patient in the early stage of the disease, "If you have your prostate removed now, you will run a very slight risk; and, if the operation is successful, you will have absolutely normal micturition, except that you may have to get up once or twice in the night."

Several of my patients had heard of the operation, and had asked their doctor, years before I saw them, if he advised them to have it done; they were told that it would be better to wait, as it could always be done later if complications ensued. This, I feel sure, was due to the fact that the medical man did not realize the discomfort of having something amiss with the water-works, nor the excellent result of early operation; in one of these cases, the patient had taken a great interest in public life, but had felt obliged to give up his position, and active work in his business, on account of the irksomeness of always having to use a catheter; he did perfectly well after the operation, but felt that ten years of his life had been sacrificed by not having his prostate removed earlier; so far from having lived in 'comparative comfort,' he said that he had lived in superlative discomfort. The passing of a catheter is a disgusting affair to a layman at the best; it becomes a torture when the urethra is inflamed and bleeds at every attempt.

Out of the 36 cases that I have seen in consultation, 26 were operated on. Of the 10 not operated on by me: 2 refused to have any operation; 3 were advised against operation (they were all bedridden, suffered from severe bronchitis, and had irregular, intermittent pulses); 2 were obviously malignant; 2 died of uræmia before any operation was done; 1 was operated on by another surgeon and did very well.

Of the 26 operated on by me: 2 died as a result of the operation (a mortality of 8 per cent); 13 are quite well after varying periods (1 for six years, 2 for four years, 3 for three years, and the rest for more than two years); 4 have died since; 2 were quite well for some years after the operation, but have now been lost sight of; 5 have not been traced.

The two that died from the operation were both cases of retention which had lasted over a week, and they had both suffered from urinary symptoms for many years. One undoubtedly died of uræmia, nineteen days after the operation. The other died suddenly fourteen days after, possibly from pulmonary embolism, but more probably from uræmia also. They show the danger of waiting until retention is established.

Of the four that have died since the operation, one died of what was thought to be cancer of the stomach four years after; he had no return of the urinary symptoms. Another who had locomotor ataxy at the time of the operation, died four years later without any return of the urinary symptoms. Another did well for two years, and then contracted a *Bacillus coli* infection of the bladder to which he succumbed in a few days. The last died six months after the operation, and I have not been able to get any accurate news of his last illness.

The remaining thirteen cases whom I have been able to trace all answered the following questions :—

1. Have you any pain on passing water now? They all answered 'No.'
2. Can you pass your water now without any difficulty? 'Yes' in every case.
3. Do you ever see any blood in your urine now? 'No' in every case.
4. How many times do you get up at night to pass water now? 'Not at all' from two; 'once' from two; 'once or twice' from the others.
5. Is the water clear now? They all answered 'Yes.'
6. Do you suffer from headache, thirst, or pain in the loins? Four stated they had 'lumbago'; the others answered 'No.'
7. Are you glad you had the operation done? They all answered 'Yes,' and seemed very grateful; one added that 'otherwise he would have joined the majority long ago;' another said that he was 'exceeding glad';—he was a parson.

Thus, of 26 prostatectomies, 2 died as a direct result of the operation 5 have not been traced; 4 have died since, and in three of these it is known that no recurrence of the urinary symptoms took place; 2 remained well for some years, and were then lost to view; of the remaining 13 I think it is not too much to say that the result is excellent, and justifies our urging the operation in early cases.