

A CONTRIBUTION TO THE SURGERY OF THE PROSTATE.*

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THE object of the present article is not to waste time by any lengthened historical review of the subject under discussion, but to deal solely with arguments in support of the two following propositions :—

- 1st. That the perineal route in the majority of cases is to be preferred to the abdominal for the complete removal of enlarged prostates.
- 2nd. That the palliative treatment of this condition by the establishment of a permanent supra pubic fistula has not been given a fair trial in this country.

Both of these propositions will, I know, excite a good deal of hostile criticism, but I must trust to the toleration of my readers to give my case a fair hearing.

When any method of operation claims to be the best available it ought to possess, in my opinion, the following characteristics :—It should be easier, quicker, safer and more efficient for its purpose than any rival method. Let us now, taking these points as a basis, analyse and compare the abdominal and perineal routes. At first sight the abdominal route seems obviously easier than the perineal for obtaining access to the prostate, but this greater facility I believe is more apparent than real. It is much easier to open into

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the bladder by the abdominal route than by the perineal, but to open the bladder is one thing ; to attack the prostate is another

Men who have opened the bladder very frequently for the removal of stone by the abdominal route become so quick and skilful at the operation, that they are apt to be somewhat prejudiced in favour of this route, even for a totally different ailment. They are, I believe, misled by a false analogy. There is really no true analogy between removal of a stone from the bladder and enucleation of a prostatic growth that is not pedunculated. In fact, if one reflects on the two problems, it will be seen that the very objections to the perineal route for lithotomy become arguments in favour of this route for enucleation of the prostate, and that the advantages of the abdominal route for stone become disadvantages when the prostate is our object.

Every surgeon knows that to open a distended bladder over the pubis is an easy and safe operation, that when it is opened he can in most cases just reach the floor of the bladder with his finger tip, and sweep it around it, but unless he has a very long finger, or the patient is very thin and very profoundly anæsthetized, so as to produce complete muscular relaxation he can do very little more than this. To get his finger-tip down to the apex of the prostate requires a considerable effort, and a good deal of compression of the abdominal wall on the one hand, or a good deal of pushing up of the prostate from the rectum on the other. This difficulty of getting complete access to the prostate becomes in stout elderly men very great indeed, in fact in some exceptional cases it amounts to a physical impossibility. I do not wish to labour the point unduly, but I think most surgeons of experience will agree with me when I say that it is very often a somewhat difficult procedure to reach with the finger-tip and shell out a prostate by the abdominal route.

Let us next take the question of the relative speed of the two operations. A distinguished London surgeon recently said during his visit to Dublin that he would undertake to shell out by the abdominal method any prostate in seven minutes. Such rapidity of execution is not common in Ireland, I think. I confess I have never yet seen the operation, even in the easiest cases, occupy less than twenty minutes, though in this, as in other operations doubtless when we have all had more practice, we shall become quicker at it, but I have very little hope that we will at any time reach the record-breaking speed claimed by the operator referred to.

The third point, that of the relative safety is the most important of all. Few here will deny that at the best the removal of the prostate by the abdominal method is a grave and dangerous operation, attended by a high mortality. Occasional brilliant successes must not be allowed to blind us to its danger. Perhaps I am inclined to exaggerate those dangers, but speakly frankly I confess that I regard it as one of the gravest operations any surgeon can undertake. That it should be so is not unreasonable. The patients are elderly men, suffering almost invariably from secondary kidney disease consequent upon obstruction to the ureters, produced by the incomplete emptying of the bladder ; their general vitality has been lowered by the frequent disturbance at night with the inevitable loss of sleep ; the circulation in the pelvis has been impeded by the prostatic growth and the constant straining, so that they always suffer from more or less varicosity of the pelvic veins, which renders them peculiarly liable to septic absorption. Is it to be wondered at, therefore, in the face of all these unfavourable factors, that the mortality should be so high ?

I believe that the cause of death in the majority of these cases is sepsis pure and simple. Remember that the bladder

in such cases is usually enormously dilated, and incapable of contraction ; that after the prostate has been shelled out a large raw cavity is left, in which pus and decomposing urine must accumulate ; that this cavity cannot be efficiently drained through a suprapubic opening alone ; that the veins of the prostatic plexus must be torn in the operation, and it cannot be a matter of wonder that sepsis should occur under such circumstances.

I am quite prepared for the assertion that death in such cases is due to pneumonia, shock, &c., just as in the early days of laparotomy the condition euphemistically described as “secondary shock” was alleged to be the frequent cause of death after operation ; because such cases frequently exhibited neither a high temperature nor a quick pulse. We know that acute sepsis was the cause of death in all these cases, and I am convinced that the pneumonia, shock, &c., credited with the responsibility of the fatal issue in prostatic operations is really sepsis, what I might call an inevitable sepsis, when all the circumstances are fairly considered.

Let us turn now for a moment to the consideration of the comparative advantages of the perineal method. To enable me to place the two methods before you so as to admit of comparison, it is necessary for me to give you some details of the perineal operation, as I suggest it ought to be performed. First, a free exposure of the prostate is necessary. This can best, I think, be obtained by a Y-shaped incision, a short vertical and two fairly long lateral incisions joining the first at its lower end three-quarters of an inch in front of the anus. When these incisions are deepened, the bulb covered by the accelerator urinæ and the transverse perinei muscles come into view. The latter are now divided and the dissection carried deeply into the anterior portion of the ischio rectal fossa on each side. This exposes the anterior portions of the levatores ani, becoming aponeurotic towards

the front. A director is now introduced between these muscles and the prostate, and the muscle and aponeurosis freely divided. When this is done and the rectum retracted, the prostate is very well exposed, if the patient is in a proper position, that is one compounded of the ordinary lithotomy posture and Trendleburg's. The prostatic capsule, formed by the pelvic fascia and its own inner capsule, are now divided either with an angular scissors or on a director, and the gland tissue of the prostate is now open to attack. It will be found if this procedure is carried out that the capsules can be easily stripped off the gland all around with the greatest ease. Bleeding can in the various stages be easily controlled, and the whole operation does not call for any high degree of technical nor for any profound anatomical knowledge. As I have said, the gland can be easily shelled out of its capsule, but clearing it from the urethra is much more difficult. The capsule strips off readily, but owing to the presence of the numerous gland ducts, stripping it off the urethra is more difficult, and requires to be done more carefully. It is at this stage that a staff in the urethra is useful. It is hardly necessary and sometimes even in the way in the earlier stages. In a certain number of cases, practically the entire gland can be thus removed without opening into the bladder at all, but in the majority it will, I think, be found either that the mucous membrane of the bladder covering the prostate, or the upper part of the urethra will be torn into, as one or both are often very soft and friable from the continuous maceration in an alkaline fluid. If the urethra has not been opened a grooved staff is passed into the bladder and the prostatic urethra opened on it. The finger through this opening can now explore the interior of the bladder either for a pedunculated growth or for the calculus that is so often present. Through this opening a stout drainage tube with many apertures is passed into the bladder and secured in position. The wound

is now douched out thoroughly, a few sutures are passed close to the middle line, and the space formerly occupied by the prostate is temponed with gauze brought out on each side.

What are the advantages of this operation ?

First, and above all, it guarantees that the bladder shall be kept empty, and that no accumulation of urine or pus can take place in a pouch with a high capacity for absorption.

Second. That no hæmorrhage shall take place, which through its source being invisible is uncontrollable by direct surgical methods.

Third. That every stage of the operation is in sight of the operator.

Against it are the facts that it requires a bigger and a more elaborate dissection ; that it may, until one acquires practice at it, take more time in the initial stages, and lastly that there is a supposed element of danger in detaching the rectum from the central tendinous point of the perineum. The value of each of these objections has to be decided by every operator for himself, and it is not necessary for me now to argue *pro* and *con* about them at greater length.

One word before I conclude this part of my subject. I will ask you in the subsequent discussion not to confound the perineal operation I have briefly outlined for you with the operation usually spoken of as the perineal operation, in which the urethra is opened on a staff through a median or other incision, and the finger introduced through this wound shells out the prostate through a rent in the lateral wall of the urethra. That you will see is a totally different method in principle ; it is merely a modification of the blind operation from above, in which the sense of touch is one's only guide, and its only advantage, a very great one I admit, is that it provides the first and last essential, an efficient drain for the bladder.

Before leaving this part of my subject I should like to say how much we are all indebted to the brilliant work of our distinguished fellow-countryman, Mr. P. J. Freyer, for our present knowledge of this subject, and for the great and unquestioned progress the scientific treatment of this condition has made in the last few years. To him alone the entire credit of having placed the operation on a scientific basis is due, and I am sure I express your feelings as well as my own in trusting that he may live for many years to still further advance the science of which he is to-day one of the most brilliant exponents, and to effect in other branches of surgery the improvements in principle and in technique which in lithotrity and prostatectomy have placed him to-day in a position of such well-deserved pre-eminence in the surgical world.

Now having stated the case for my first proposition, let me say a few words about the second. I think that in far too small a proportion of cases is the idea of establishing a permanent suprapubic drain entertained by surgeons, and yet there is much to be said in its favour. Let us take a typical case. An elderly gentleman retired from active work possibly living on a pension, with others dependent for their maintenance in comfort on the slender thread of his life. He has been living a catherer life for some years ; he is going down hill, and the consulting surgeon is called in to offer advice.

The surgeon usually sets before the patient either a continuance of the treatment by catherer, supplemented by washing out the bladder with antiseptic fluids and medical treatment on the one hand ; or on the other a grave operation attended by a high degree of risk to his life, necessitating confinement to bed for three weeks or a month at least. And though this operation is often most brilliantly successful, it usually necessitates a modified use of the catherer for some

time after. I venture to submit that an intermediate course might more frequently be recommended to him with benefit ; that of establishing permanent suprapubic drainage. The operation for this is easy, simple and safe. It does not even require a general anæsthetic ; it can be done under cocaine. It involves merely a small incision on the middle line, hooking up the big bladder and fixing it with two stitches on each side of the wound. In a few weeks the opening contracts and a short piece of rubber tubing and an appropriate truss guarantees that our elderly patient shall not live in constant terror of complete retention any longer, and that he can easily wash out his bladder himself as often as he wishes, that he can walk about without the haunting fear that he may not be able to obtain the necessary privacy to pass the catheter which he always carries with him, and above all that in submitting himself to this trivial operation, he does not place in jeopardy the comfort of those who are dependent on his life.

It may be said that a permanent urinary fistula makes life intolerable to the man himself and to those around him. That is not so, and should not be so if a little care and thought is given to the mechanical appliance worn by the patient. Hitherto too little attention has been given to the development of these mechanical appliances, but I am confident that if any of our professional friends with an aptitude for mechanics gave their mind to the subject they would easily effect such improvements in these appliances as to win the approval even of those who now disapprove so strongly of their use