LECTURES AT ST. PETER'S (IN 1890) ON SOME URINARY DISORDERS CONNECTED WITH THE BLADDER, PROSTATE, AND URETHRA

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Lectures at St. Peter's (in 1890) on some urinary disorders connected with the bladder, prostate, and urethra by Reginald Harrison

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REGINALD HARRISON

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Trieste

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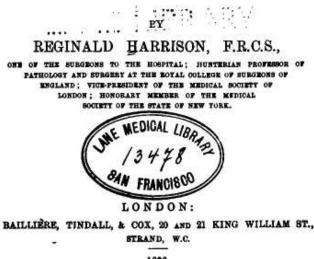
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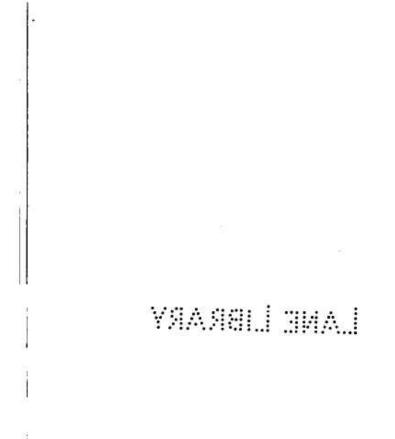
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CONTENTS. -

LECTURE I.

The Prevention and E	ABLY	TREATMENT	or Pao	TATIC	PAGE
OBSTRUCTION		1223			5
1	LECTU	RE IL			
THE OPERATIVE TREATMEN TATIC OBSTRUCTION	NT OF	ADVANCED I	Говые ор	PR08-	19
	ECTU	RE III.			
POINTS IN THE THEBAPBUT	108 AN	D HYGIENE	OF THE BL	ADDER	33
I	ECTU	RE IV.			
Hæmatubia : 175 Signifi	CANCE	APD SURGE	CAL TREA	THENT	47
1	LECTU	IRE V.			
THE EARLY TREATMENT AN	ND DE	TECTION OF	STONE (N THE	222
BLADDER		***	***	***	58
L	ECTU	RE VI.			
SOME MISCELLANBOUS POL	NTS	***	200	10000	70

9.

LECTURE I.

The Prevention and Early Treatment of Prostatic

Obstruction.

In the course of lectures that is before us this month I hope to elaborate certain points connected with the diseases of the urinary organs which appear to me to be worthy of your consideration. It will be my endeavour to make these meetings gatherings for clinical objects rather than for the purpose of attempting any systematic description of the subjects to which they relate. With this view I shall be happy as occasion offers, to supplement what I may have to say here by the ordinary work of the hospital as seen in the wards, and on my out-patient days.

Without occupying your time by any further prefatory remarks, I will proceed with the subject selected for to-day's consideration, viz., the Prevention and Early Treatment of Prostatic Obstruction. And I must ask you to notice in the first place that I do not say the prevention and treatment of the enlarged or hypertrophied prostate, as I purposely confine myself to dealing with almost the only symptom, and that the most pressing one, which brings the enlarged prostate under the notice of the medical practitioner. Enlargement of the prostate to some degree is, I might say, the common lot of by far the greater majority of males who have attained sixty years of age or upwards, being, I believe, far more frequent than what at first sight we might perhaps be disposed to admit. Not very long ago for the purpose of ascertaining this point I took the trouble to examine consecutively 100 males who had reached their sixtieth year or upwards, and out of these three-fourths presented undoubted signs by rectal examination of this change. Of the number thus affected not one-fifth of them appeared in any way inconvenienced thereby, some to so alight an extent as not to complain. Nor are there grounds for asserting that because a person has an enlarged prostate a time will come, should he live long enough, when bladder trouble must necessarily supervene. I have watched many men with well marked signs of an enlarged prostate for a number of years, and up to the time of their deaths, either by natural decay or by other diseases, without knowing them to be conscious of any inability so far as their urinary organs were concerned. But though persons may, either by good care, or good fortune, obtain an immunity from those troubles which prostatic enlargement not unfrequently brings with it, there can be no doubt that they carry with them to the end of their lives the liability to suffer in a way which does not apply to those who have not undergone this structural change, a liability which may show itself without any sufficient notice or warning. It not unfrequently happens, as we all know, that a sudden attack of retention of urine, probably traceable to some definite cause which might have been avoided, is the first indication that an elderly man has an enlarged prostate. As a matter of practice it is as an obstacle to micturition that the prostate comes under our notice as surgeons, and this

6

for the most part shows itself, at all events to persons accustomed to observe, by gradual indications rather than by the sudden and unwarned cessation of the physical function of micturition. In far the larger number of cases, even in those where apparently the urinary breakdown is sudden and unexpected, and where the prostate eventually proves to be a serious cause of obstruction the process is a gradual one, and is not unlike what is commonly observed in connection with other obstructive diseases of the urinary apparatus. Hence I consider that with our present knowledge, and in face of the facts to which I have briefly referred, we, as practitioners will do best by approaching the subject in relation to obstruction rather than in reference to a mere increment in bulk of which the individuals may never be conscious.

These cases, however, of much enlarged prostates unattended by symptoms of such a kind as to constitute disease, have been of great interest to me, and the study of them led me some years ago to suggest certain lines of action in practice which seem to me to have yielded some excellent results.

In a number of specimens of this kind it was impossible not to notice that the form assumed by the prostatic growth relative to the outlet from the bladder exercised a considerable influence in determining the presence or absence of symptoms of urinary obstruction. In some forms of enlarged prostate, though the growth was not excessive, the obstacle to micturition was most complete, whilst in others, though the mass attained a very considerable size, it was quite apparent how it happened that the expulsion of urine from the bladder was so little interfered with. By the kindness of my friend, Professor A. Barron, I am able to bring

7