

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

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649353279

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

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

REGINALD HARRISON

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

LECTURES AT ST. PETER'S (IN 1890).

ON SOME

URINARY DISORDERS

CONNECTED WITH

THE BLADDER, PROSTATE, AND URETHRA.

BY

REGINALD HARRISON, F.R.C.S.,

ONE OF THE SURGEONS TO THE HOSPITAL; HUNTERIAN PROFESSOR OF
PATHOLOGY AND SURGERY AT THE ROYAL COLLEGE OF SURGEONS OF
ENGLAND; VICE-PRESIDENT OF THE MEDICAL SOCIETY OF
LONDON; HONORARY MEMBER OF THE MEDICAL
SOCIETY OF THE STATE OF NEW YORK.



LONDON:

BAILLIÈRE, TINDALL, & COX, 20 AND 21 KING WILLIAM ST.,
STRAND, W.C.

1890.

EW

LANE LIBRARY

171
131
890

CONTENTS.

LECTURE I.		PAGE
THE PREVENTION AND EARLY TREATMENT OF PROSTATIC OBSTRUCTION	5
LECTURE II.		
THE OPERATIVE TREATMENT OF ADVANCED FORMS OF PROSTATIC OBSTRUCTION	19
LECTURE III.		
POINTS IN THE THERAPEUTICS AND HYGIENE OF THE BLADDER		33
LECTURE IV.		
HEMATURIA: ITS SIGNIFICANCE AND SURGICAL TREATMENT		47
LECTURE V.		
THE EARLY TREATMENT AND DETECTION OF STONE IN THE BLADDER	58
LECTURE VI.		
SOME MISCELLANEOUS POINTS	70

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 pros-

tate 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 slight 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

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