# THE SOUTHERN PRACTITIONER. JANUARY, 1887. VOL. 9. NO. 1.

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649333493

The Southern Practitioner. January, 1887. Vol. 9. No. 1. by Various



Edited by Trieste Publishing Pty Ltd.
Cover @ 2017



www.triestepublishing.com

VARIOUS

# THE SOUTHERN PRACTITIONER. JANUARY, 1887. VOL. 9. NO. 1.

Trieste

# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

Vol. 9. NASHVILLE, JANUARY, 1887. No. 1.

## Original Communications.

### PROSTATIC ENLARGEMENTS.

A CLINICAL LECTURE BY DUNCAN EVE, M. D.,

*Professor of Surgery and Clinical Surgery, Medical Department University of Tennessee.*

[DELIVERED AT CITY HOSPITAL.]

GENTLEMEN:—I present to you, by courtesy, this morning Mr. L. M——, who is suffering from chronic cystitis of many years' standing. Mr. M. resides in our neighboring county of Sumner, and has now reached the advanced age of seventy years, the last of which have been years of intolerable suffering. You perceive that he is extremely anæmic; and you will not wonder, when I inform you that in his efforts at micturition he is frequently seized with spasms. He is suffering now, as I informed you, with chronic cystitis, resulting from prostatic enlargement.

Upon examination I find that he passes his urine by drops mixed with ropy mucous and blood, and so great is the tenesmus consequent upon these efforts that he is frequently thrown into nervous rigors.

In consultation with my colleagues I have determined to perform in his case the usual operation for lithotomy to secure drainage; an operation suggested and practiced successfully by my father, the late Professor Paul F. Eve, M.D., and subsequently by myself with most satisfactory results.

The condition of his urethra is such as utterly to preclude the idea of dilatation, and all the circumstances considered, I have determined upon the usual lithotomy operation as the most feasible in his case. I shall now place him upon preparatory treatment, and upon the occasion of the operation, which will occur in a few days, I will speak of cystitis consequent upon stricture or prostatic trouble. I now desire to call your attention to prostatic enlargements as a source of many troubles which will doubtless frequently demand surgical interference at your hands. I wish to invite your attention more particularly to this subject because I am satisfied the profession has not given that attention it should to early enlargements of the prostate gland, and the general management of its advanced stages seems a matter of considerable doubt. That the physiology and pathology of the gland is but imperfectly understood is evident, and upon this hypothesis may hang the usual empirical treatment of its lesions.

These glands, or as some term them, muscles, are organs resembling chestnuts in size, lying, in the erect position of the body, with their flattened surfaces upward, and their apices in relation with the deep perineal fascia or triangular ligament which here gives passage to the urethra. The base of the gland is in such near apposition to the vesical outlet that in case of enlargement it encroaches upon it, giving rise to obstruction to the free passage of urine. Thompson says that the glandular structure of the organ, which forms about one-third of its entire bulk, is found distributed in the lateral lobes, and the muscular fibres are divergent from the center to the circumference of the organs. Thus we have an ample space for the products of secretion and

extravasation of inflammatory products at the floor of the prostatic urethra, at a point which underlies the neck of the bladder.

Enlargement of the prostate gland is a condition which has generally been believed to be senile in its nature. This is no doubt in a large majority of cases true, but experience has taught us that, although occurring most frequently in advanced life, it cannot be regarded as a general senile change, many old men having nothing of the kind. Regarding the organ as muscular and glandular in character we can readily see that enlargement may occur by the overgrowth of muscular tissue, by inflammatory action, or else due to strictly glandular enlargement. The prostate gland may attain a large size without great inconvenience, provided it does not involve the third or vesical lobe, in that case, progressing toward the bladder, serious mechanical interference to the act of micturition may take place. It has been said that hypertrophied prostatic glands have been met with measuring four inches in diameter, and are common at half that size. The normal weight of the prostate gland is about four drachms, but in its hypertrophied conditions it has been known to weigh twelve ounces. Notwithstanding the fact that enlargement of the gland cannot be said to be strictly a condition of senility, yet observations have proved that it exists in one out of every seven or eight males who have reached the age of sixty years, to a greater or less extent. It may be assumed, therefore, that hypertrophy of the organs is generally found in the aged, and enlargement due to the deposition of inflammatory products the diseased condition found in the young. The disease is usually believed to be an hypertrophy, or overgrowth of natural tissue, but in many cases it is clearly proved to be the development of distinct glandular tumors imbedded in the structure of the original gland, and which may be squeezed out by the division of the organ containing them. These adventitous tissues are sometimes formed immediately beneath, and are retained by the capsule of the gland. These growths may be single or multiple, and when not encroaching upon the bladder rarely give any trouble save that incident to the act of micturition. Many persons have enlarged prostates, and are not conscious of suffering

any inconvenience thereby, save the above, and when we consider that the gland is immovably fixed, and the movements of the bladder subject to the amount of contained urine, a moderately enlarged prostate not impinging upon the outlet of the bladder may be considered in some respects a positive comfort to the aged by affording a support to the bladder.

Symptoms: About the first symptom which attracts the patient's attention is an unusual difficulty in the act of passing his water, the bladder failing to contract when the desire seems imperative. There is also a diminution in the force of the stream, frequently falling upon the patient's shoes when he is standing in the erect position. When the act of micturition has seemingly been completed, there is a dribbling from the urethra, suggesting the idea of partial paralysis of the neck of the bladder. At this stage of the disease pain, more or less severe, may exist in the sciatic or femoral nerves, in the perineal lumbar or sacral regions. Irritability of the bladder is a prominent symptom of this stage. The patient having voided all the urine he can is frequently impelled to the same act by the violent tenesmus which supervenes upon the first. The bladder is often only partially emptied, and the introduction of a catheter will upon such occasions often remove several ounces of urine. These symptoms may frequently pass almost unnoticed by the patient, or are ascribed to the normal results of increasing age, until finally positive retention calls attention to the gravity of the situation. It is peculiarly unfortunate that the early stages of the disease does not more notably attract the attention of the patient, as this would be the most appropriate time for successful treatment of the lesion. Should it advance, which it most assuredly will unless treated successfully, the patient will next experience increased irritability of the bladder, and a sense of weight and fullness in the perineum. The often repeated and violent straining to void urine may cause simultaneous movements from an already irritated rectum, or else prolapse of the organ, or piles may be the result; the patient, considering his bladder trouble as secondary to that of his bowels. Spasmodic retention now becomes frequent, the retained and decomposing urine becomes a

direct irritant to the already weakened bladder, and inflammation is the inevitable result. Thus we see that the establishment of chronic cystitis is as insiduous in its growth as the train of symptoms which gave it origin.

A physical examination is best effected by what is known as the Otis method. The patient standing with his back to the surgeon, leans forward when the finger, having been previously well oiled, is passed into the bowel, and if the surgeon has the *tactus eruditus*, he readily distinguishes at the base of the bladder, the vesiculæ seminales, the prostate and their relative relations to each other, and thus readily determine, any abnormality of growth in the organs. It may, however, be necessary to pass the catheter. If urine is voided when about seven inches of the shaft has been introduced, and the end does not require much depression, the lesion is simple, but if eight or nine inches are required to reach the urine, and upon the entrance of the instrument into the bladder the handle has to be depressed to a horizontal position, then indeed is the enlargement well established. In making these physical examinations, pain is felt if inflammation exist, and the fluctuation of pus if an abscess has formed. Phosphatic calculi are most generally present in enlargements of the prostate, and are indicated by increased pain after micturition and the passage of pus and blood with the urine. Sometimes small fragments of the stone are voided, when the diagnosis is positively established. Over distention of the bladder, a sudden rigor, fatigue or mental emotion, are liable to cause retention in this disease, and are often good diagnostics of the existing condition. In the treatment of this condition medicines can only be auxillary to surgical interference, and unfortunately in the premature stages of the diseases, when surgery could promise its most brilliant results, the patient is not usually cognizant of his danger, and contents himself with the use of proprietary and domestic remedies, and only sends for the surgeon as a *dernier resort*.

So soon as the surgeon assumes charge of the case he should put the patient upon the use of an olive bougie, being preferable to the common instruments, as exercising pressure upon the

strictured urethra both ways, in its introduction and extraction. The patient should be familliarized with self use of the instrument. Should the patient be unable to empty the bladder by the usual effort and residual urine be retained in the *bas fond* of the bladder, self-catheterization must be maintained as frequently as circumstances require it, but the surgeon must remember that such surgical interference must not be repeated oftener than the circumstances of the case render imperative.

In the use of catheters the surgeon should always bear in mind the danger of producing urethral fever, false passages, and to reduce the danger to the minimum, should, if practicable, use an elastic gum catheter, with the greatest care of manipulation. Catheterization may often be facilitated by the introduction of the finger into the rectum for the purpose of guiding the beak of the instrument over the obstruction. It should always be remembered that from over distention, the bladder is constantly losing its contractile power to expel the urine, thus necessitating the more frequent introduction of the instrument. It may be found necessary to use a self retaining one, or secure one by means of tape. For this purpose Mr. Holt's winged catheter will answer an admirable purpose.

Paralysis of the bladder, gentlemen, you will remember is an exceedingly rare condition in the adult, unless complicated with incontinence of urine or cerebro spinal disease, and is almost a sure indication of the existence of the condition under consideration.

As adjuncts to surgical treatment, a free use of the alkaline salts, bicarb· of potassa, and the acetate lime, and Vichy water, Buchu, Uava, Ursa, Hydrangia, Parera, Brava, and particularly the extract of Triticum Repens or dog grass are to be recommended. The Red Boiling Sulphur Springs of this State, and the Hot Springs, of Waukesha, Wis., have been highly recommended.

As reconstructives I would impress upon you the expediency of using the Elix. Iod. Brown Cal. Co, and the preparations of malt extracts. Fellows syr. of the hypophosphites would doubtless prove beneficial. To relieve atony of the bladder, when associated with prostatic enlargement, Langenbeck and Dr. Washington Atlee have recommended the use of ergot in-

ternally and hypodermically. Bryant suggests that in this disease the patient be encouraged to urinate while upon his hands and knees, thus facilitating the evacuation of the blood, mucous, and more solid contents which would otherwise be retained behind the prostate.

Should these means fail of giving relief, all the horrors of acute retention, abscess, extravasation of urine, and chronic cystitis are imminent. Should acute retention supervene, and the introduction of the catheter be found impracticable, supra pubic aspiration should be resorted to. In this contingency surgeons have recommended urethrotomy behind the gland, puncture of the bladder through the rectum, or the perineal section by the Double Lithotome Cache, resorted to in the operation for lithotomy. Some surgeons have tunneled through the gland from the urethra, and Sir Henry Thompson has recommended in inveterate cases, the establishment of a supra pubic vesical fistula to render the last days of life more tolerable to the miserable man.

I shall operate, gentleman, in a few days upon the case presented to you; as soon as I get him in proper condition. I regard the case as a favorable one, and I shall expect all of you to be in attendance. The operation is the same as that for lithotomy, and you should not fail in your attendance.

## DYSPHONIA CLERICORUM.

BY J. J. RENDLEMAN, M.D., MAKANDA, ILLINOIS.

The above-named affection is one of the throat, most common among clergymen and other public speakers—a follicular disease of the pharyngeo-laryngeal membrane. Its symptoms are more or less soreness of the throat, a disposition to clear up the throat, and spit frequently, a hoarseness, or partial, or total, loss of voice.

On examination we find the fauces, pharynx, and glottis, of a reddish granular appearance, with more or less enlargement of