REPORT OF THE MEDICAL RESEARCH COUNCIL FOR THE YEAR 1950-51


This report begins by paying tribute to the late Lord Addison who, since 1948, was chairman of the Medical Research Council with which he had so long and so intimately been associated.

The report contains lists of the staffs of all the Council's research units and also a list of over a thousand publications by members of the staff and grant-holders. The review of the year's work makes impressive reading. It includes studies on the structure of proteins, work on pertussis vaccines, the bacteriology of infantile gastro-enteritis, the trials with B.C.G. and the vole bacillus, investigations on industrial dermatitis and skin grafting, and on problems in ophthalmology. It also includes the work of the statistical research unit, the applied psychological research unit and the tropical research unit in Singapore and also describes investigations on climatological medicine, malaria, antibiotics, insecticides, carcinogenic agents and the action of cortisone and ACTH. Although it may be invidious to pick out the work of any particular group, perhaps special mention should be made of the technique developed for preserving living cells at low temperatures. This has now been successfully carried out with spermatozoa, ovarian tissue, and red blood cells. It is clear that this work opens an enormous new field for research and suggests, what is of tremendous practical importance, that blood for transfusion can now be stored over long periods.

PROSTATECTOMY

A Method and its Management


Professor Wells writes with all the vigour of a North Country man who is convinced that what he has to say is right. His method of prostatectomy is that of Wilson Hey, who is well known for having shown that urinary infection after prostatectomy is not inevitable, and this book is a complete guide to this technique. All who have seen Wilson Hey will understand how easily those in touch with him soon come to believe that there really is only one way of taking out the prostate, and Professor Wells has fallen under this spell. He admits that other methods can be used in special centres, but he condemns the nearest rival (retropubic prostatectomy) because he has seen complications in cases that were operated on elsewhere. This is unfair, for who knows what travesty of Millin's operation may have been performed.

This book starts with an historical survey of the development of prostatic surgery leading up to the methods now in use, and the following chapters on pathology, the effects of bladder neck obstruction, its clinical features, investigation, and the indications for treatment are very sound. It would be interesting to hear the comments of some radio-logists if they were asked to do intravenous pyelograms on cases of acute retention as a routine in the middle of the night before immediate prostatectomy could be done.

At this point Professor Wells passes dogmatically into a maze of controversy almost as if he was unaware that any real problems had ever existed. He gives views that depend too often on reasons that are inadequate to support the inferences he draws from them. For his operation spinal anaesthesia is used because, it is said, of the danger of the inhalation methods, though with modern drugs surely the reverse is true. His aversion to urethral instrumentation is so extreme that he even frowns on cystoscopy as a prelude to operation, although it is not absolutely forbidden. When the bladder is distended it is often impossible to assess the size of a prostate without cystoscopy, so if this must not be done the discovery of those conditions so much better treated by some perurethral method will be made only after the bladder has been opened. Neoplasms of the bladder, similarly found by accident, are not always best dealt with incidently to prostatectomy.

The chosen operation is well described in detail and, though it is probably less widely used than the retropubic method in this country, there is no doubt of its excellence in suitable cases. No good reason is given for using a finger in the rectum during the removal of the gland, and in a one-stage operation such as this it is not necessary. The use of any sort of gelatine sponge or oxycel gauze for final haemostasis, as recommended here, will not be approved by many urologists, and good results can be obtained without it.

The most remarkable information in this book is found in the statistics. Over 200 consecutive admissions with prostatic symptoms were treated by operation without any of them needing preliminary drainage of any sort. In at least two large urological centres elsewhere in England, 200 similarly consecutive admissions would have included patients with such other conditions as cardiac failure, uncontrolled diabetes, advanced senility with rectal incontinence, gross urinary infections, advanced uraemia, or even all these conditions in the same patient. Some sort of temporary drainage is essential in these cases, as even this book allows, so what happens to these cases in Liverpool? Preliminary drainage is also usually thought to be necessary in advanced chronic retention with a residual urine of 3 pints or more, because the atonic bladder cannot empty properly even after the obstruction is removed. Professor Wells, however, forgets his asepsis by recommending prostatectomy, without previous drainage, followed by an indwelling urethral catheter for up to three weeks. This is the very type of case on whom to use a Riché's catheter before operation. It is equally astonishing that none of this series of more than 200 cases needed blood transfusion, either during or after operation, yet most urologists give blood as a routine during these operations. What is the explanation of this?
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