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## THE COMPLICATIONS OF PROSTATECTOMY.

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IN spite of the advances made in the technique of prostatectomy during the last fifteen years, the operation is still one that is full of danger for the patient and anxiety for the practitioner responsible for the post-operative treatment. This is partly because the patient is an elderly man whose powers of recuperation are small, but also because the nature of the operation is such that complications like hæmorrhage and sepsis can never be excluded. Up till comparatively recently prostatectomy has been a blind proceeding carried out by sense of touch alone. Indeed, in many respects the prostatectomy of ten years ago reminded one of the lithotomies of pre-Listerian days. Once the incision had been made the

surgeon relied on digital dexterity for the completion of the operation, and on irrigation with hot lotions for the control of hæmorrhage. Nowadays an attempt is being made to bring prostatectomy into line with modern surgery and to substitute visual for tactile control. At the discussion on "The Diagnosis and Results of Prostatectomy," held at the Royal Society of Medicine in May of this year, it was almost the unanimous opinion of those present that the open operation first advocated in this country by Sir John Thomson-Walker was the ideal one, since it allowed of bleeding vessels being ligatured, torn shreds of tissue removed and the field of operation thoroughly inspected before the abdominal wound was closed. But although, by this substitution of an open operation for a blind enucleation the dangers of hæmorrhage and sepsis have been diminished they are by no means eliminated even when circumstances permit of the open method being carried out, and for this reason it is useful to discuss how the chief complications of prostatectomy may best be avoided and, should they unfortunately occur, be treated.