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Irritation of the Prostate.

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DEFINITION.—*Irritation of the prostate* may consist of a true or sympathetic congestion of all or a part of the prostate gland; or a catarrahal condition of all or a part of the follicles and ducts of the racemose glands, or even involve the ejaculatory ducts; or it may consist of a hyperesthesia of the nerve filaments supplying the gland, any one, or all of which, will keep up an irritated condition of the gland, unattended with a chill, or acute inflammation, and the graver symptoms of the more serious and destructive diseases of the gland.

CAUSES.—The causes which lead to an irritation of the prostate are masturbation, inordinate sexual excitement of any kind, cold and exposure, traumatic causes, gonorrhea, sympathetic irritation from surrounding structures, such as constipation, diarrhea, and hemorrhoids; or cystitis, acute or chronic, morbid change in the urine, vesical calculus, etc.

SYMPTOMS.—In the milder forms of congestion the symptoms will not be more than a slight weight or fulness in the perineum, with, perhaps, a slightly increased desire to micturate, which is generally followed with an uneasy feeling in the region of the prostate, and in the glans penis. This morbid desire to void the urine is seldom observed in the early part of the day, but gradually increases toward the close of the day, and, unless rest is sought, will be the worst just before retiring.

When the recumbent position, with quiet, is resorted to, relief is generally obtained; hence we find this class of patients troubled but little at night, and nearly always feeling the best in the morning.

They seldom complain of having had a chill, or being troubled with febrile disturbance, loss of appetite, or of marked constitutional disturbance, other than that of having taken a slight cold, from which they can probably date their trouble.

A full-sized sound can be passed with little or no difficulty, other than tenderness along the prostatic urethra.

A digital examination through the rectum will not reveal any perceptible enlargement but a general tenderness over the entire gland.

An examination with a bulbous bougie will not reveal any secretion extending from the gland of more than ordinary consequence, in the purely congestive form of this irritation.

Very frequently, when this difficulty has been allowed to go on without relief, whether the congestion causing the irritation is the consequent of a cold or the sequel of an attack of gonorrhea, or the result of continued sexual abuses, it will often cause a "catarrhal" irritatlon of the ducts and even the follicles of the gland, which may go on until it involves all or a greater part of these, and even extends to the ejaculatory ducts.

We have used the word "catarrhal" for the want of a better expression, although we do not believe this to be strictly a "catarrh" of these ducts or their follicles, for we have not a profuse discharge, in fact, scarcely any discharge or "flow" at all, but a blocking up of these ducts, with a thick gummy, gelatinous, semi-solid material, of a greyish color, which, I am satisfied, in many instances, forms the nucleus for a prostatic or even a vesical calculus, or may degenerate into a calcareous mass, and remain in the ducts of the gland for years, a constant source of irritation and annoyance.

Under these circumstances the patient will come to you complaining of a fulness, accompanied with tenderness in the perineum, a frequent desire to urinate, and sharp pain ~~and~~ contraction of the acceleratores urinæ muscles in the attempt to eject the last few drops of urine, but little or no pain is complained of except just at this time, other than previously mentioned.

When there is hyperesthesia of the prostatic nerves the most prominent symptom is the occurrence of nocturnal emissions, ranging from every few nights to as often as twice in a single night. The patient generally suffers but little or no pain, although an examination with a sound or bougie, combined with a digital examination in the rectum, will reveal considerable tenderness of the gland, while the muscles will, in many of these cases, be found more or less flabby, and the patient generally pale, anemic and exceedingly nervous.

Not unfrequently patients will come to the surgeon complaining of being impotent, which a careful examination will prove to be caused by an irritated condition of the prostate gland.

Out of twenty cases reported by Prof. Gross, in the late edition of his little work on "Impotence and Sterility," he mentioned thirteen as hav

ing hyper-sensitive or irritable prostates in his chapter on impotence. The same author says, in his recent work just referred to, "I long ago reached the conclusion that impotence was generally induced by subacute or chronic inflammation and morbid sensibility of the prostatic urethra."

The same writer, in speaking of "atonic impotency," says the exciting causes were chronic hyperesthesia and inflammation of the prostatic urethra.

In this disease we have a multiplicity of symptoms arising from a variety of causes, yet all producing an irritable condition of this gland, and seriously affecting the health of the patient.

DIAGNOSIS.—The diagnosis of this morbid condition is not always easy, although a careful consideration of the foregoing symptoms will aid very much in guiding us in the proper direction. In the congestive form there is danger of mistaking it for cystitis, especially when the cystic inflammation is confined to the neck of the bladder.

CYSTITIS.	IRRITATION OF THE PROSTATE.
A constant desire to void the urine.	Micturition more frequent but not a constant desire, which is increased toward the afternoon and evening.
Great straining and tenesmus during micturition.	Weight and bearing down in the perineum, a slight smarting or tingling as the urine passes the prostate, accompanied with a prickling or burning sensation in the glans penis.
Urine ammoniacal, high colored, and often loaded with mucus and pus.	Urine not much changed excepting it is abnormally acid, and more highly colored.
Little or no tenderness of the prostate.	Marked tenderness over the prostate.
Pain and uneasiness over the pubes.	Pain and uneasiness in the perineum.
Epithelial casts of the bladder.	No epithelial casts of the bladder.
No casts of the prostatic ducts.	Casts of the prostatic ducts in the catarrhal form of irritation.
No pain in passiug the catheter except after reaching the bladder.	Pain in passing the catheter marked along the prostatic urethra.
Desire for copulation not increased, but usually diminished.	Desire for copulation increased rather than diminished.
Generally marked constitutional disturbances.	Seldom any marked constitutional disturbances.

In the catarrhal form an examination with the bulbous bougie usually aid in the diagnosis. This may be done by swabbing out the urethra carefully several times with a bulbous bougie, after which by gently passing a clean one past the gland and leaving it there until you pass the finger well into the rectum and keep up a process of kneading the gland gently, interchanging it for continued pressure ; after keeping that up for a few minutes, gradually remove the bougie while the finger is still in the rectum, and making firm pressure on the gland.

An examination of the bulb of the bougie will generally reveal more or less exudation from the ducts of the gland; not unfrequently a partial mould of them.

A microscopical examination of this exudation will reveal mucus, mingled with epithelium cells, and in cases of long standing, occasional pus cells, mingled with crystals of magnesium phosphates or the triple phosphates, all combining to form one heterogeneous mass, which seldom contains any spermatozoids, and when it does they are usually inactive.

There is usually no marked, bloody or purulent discharge, or enlargement of the fibrous structure of the gland, or the usual clear, transparent "white of egg" discharge, so common in prostatorrhea or interruption in the flow of the urine, which is usually not subjected to marked chemical changes in the same, as is so commonly seen in acute or chronic prostatitis and cystitis.

In hyperesthesia of the nerves supplying the prostate, we may have all or part of the symptoms above described, but the most prominent symptom is the constant annoyance with nocturnal emissions, or almost unresistible desire for sexual intercourse under the least provocation, which often induces them to resort to masturbation or unrestrained sexual abuses, which only increases their difficulty.

Prognosis.—In giving a prognosis in this disease, too much discretion cannot be used by the surgeon ; every part of the field must be diligently surveyed and carefully considered. Their habits, general health, mental and moral surroundings, will power, are all important factors, as well as the particular form of the disease; and unless the surgeon has taken all these into consideration, as well as that of having secured the entire confidence of the patient, he will be sadly disappointed if he relies on a favorable prognosis; otherwise, he can generally feel safe in giving his patient a fair amount of encouragement.

Duration.—This difficulty may last for months, and even years, fluctuating up and down according to the surrounding circumstances of the patient.

If allowed to go on without proper care, the patient is in constant danger of violent outbreaks in the gland structure itself, from the development of acute inflammation, or suppuration, calcareous degeneration, chronic enlargement, or the complications arising from the involvement of surrounding structures, which may not only hazard the patient's health entirely, but sacrifice his life.

On the other hand, I have known it to yield in a few weeks to treatment, although I have seen it continue months and months before recovery would take take place.

TREATMENT.—The first thing to do in the treatment of this disease is to gain the entire confidence of the patient, and then to ascertain the cause or causes producing the irritation. If it is the result of masturbation, endeavor, by all the means at your control, to prevent its continuance. I haves een patients who had this abominable and filthy habit so fixed on them that they would resort to it in their sleep, night after night, until I found it necessary to put tight drawers on them to prevent them from getting a hold of their penis while asleep, and committing the act automatically, as it were. Others, again, would knowingly and willingly yield to the temptation in the face of all my admonitions, and deliberately masturbate day in and day out, notwithstanding all my warning against it, until I was obliged to paint the glans penis with some irritant or vesicant, and thus destroy their pleasure in the act, until other remedies could be administered.

The remedies which have served me the best under these circumstances have been bromides combined with ext. of viburnum prunifolium, or ext. viburnum opulus, tr. belladonna, ergot or camphor, to soothe the sexual excitement. Generally such tonics as strychnia, iron, quinine, arsenic, or the hypo-phosphites of sodium or calcium, are indicated, and prove highly beneficial in building up the general system, with which should be associated sufficient alterative to insure an active condition of the secretions. Whilst locally, if I cannot quiet the irritation by the use of injections of tepid water into the bowel, just before or immediately after retiring, to which may be added hydrate of chloral, I give a suppository of hyoscyamus combined with iodoform and camphor.

In the inflammatory or congestive form, especially when associated with scanty or high colored urine, I have found the following to be very beneficial :

R. Pot. brom.....ʒij;
Aquæ dest.....℥j;
Ext. ergotæ.....℥j;
Ext. digitalis.....ʒj;
Ext. gelsemii.....ʒj;
Elix. glycyrrhizæ, *q s. ad*.....℥iv.

M. S.—Teaspoonful between meals and before retiring.

The catarrhal form is more difficult to control than the congestive, owing to involvement of the ducts and follicles, which are exceedingly difficult to reach with remedies, and the danger of calcareous degenera tion of their secretions.

In addition to the general tonic treatment above suggested, we will find in this form beneficial results from the use of iodide of potassium internally, combined with the external use of tr. of iodine along the perineum. But it must be remembered that, owing to the preponderance of fibromuscular tissue in comparison with the purely glandular structure, we do not get as decided advantages from the use of oidine and its compounds as we do in the enlargement and inflammation of the purely glandular structures.

In addition to general constitutional treatment, a line of local treatment should be promptly instituted in this form of the disease, which would secure as nearly as possible the discharge of all the semi-solid secretions which block up the ducts and thus interrupt the healthy action of their follicles, and which will, at the seme time, stimulate them to healthy action.

This can be aided very much by the use of a solution of bi-borate of soda, used with a prostatic syringe, which aids in dissolving this thickened mucoid discharge, and thus facilitates its more rapid escape. Finely powdered borax, or the impalpable powder of boracic acid, applied along the prostatic urethra, will not only favor the discharge of this thick secretion, but act as a gentle stimulant to the diseased ducts and their follicles.

If a more decided stimulant is desired, a mild solution of argenti nitras of five or ten grains to the ounce, may be applied, with the porte caustique, or the parts dusted with iodoform or covered with the balsam of Peru; but none of these should be applied unless there is pretty positive evidence that the mucoid discharge has been pretty thoroughly removed first in order to permit direct contact to the diseased parts of these latter remedies.

Occasional kneading of the gland through the rectum will not only

aid in emptying the engorged ducts, but act as a gentle stimulant to the gland itself.

Where there is hyperesthesia of the nerves supplying the gland, and thus keeping up, through sympathetic irritation, a constant desire to copulate, or inducing frequent nocturnal emissions, I have never found anything which gave me such prompt relief as the use of carbolic acid applied with the porte caustique along the prostatic urethra.

Sometimes a single application, combined with tonics, sedatives or alteratives, as the case may demand, will be sufficient, but if not, a few at the most will serve to control the difficulty.

The use of suppositories containing suitable remedies applied with Harrison's *porte-remide*, will be found very beneficial, especially if introduced shortly before the patient retires.

The use of cold, in the form of pounded ice, filled into an eyeless catheter (gum preferred) and introduced into the bladder, and allowed to remain for a few minutes, is often serviceable in relieving the irritation.

The use of electricity may be of some service, although it is questionable whether it has any advantages over the remedies above mentioned, and it is a remedy we must use with care, lest we induce other troubles, such as neuralgia of the testicles, or even suppuration of the same, or induce inflammation and cause it to extend along the urethra, and thus complicate our trouble rather than relieve it.

In addition to all these remedies, the hygienic surroundings of the patient demand the careful attention of the surgeon in every particular, but especially should the skin be kept healthy, the diet judiciously guarded, in order to avoid if possible any bowel complication, and last, but not least, the general habits of the patient directed in a line of moderation in all things.