

present it has not been determined whether prostatic enlargement is true hypertrophy (prostatitis) or the result of benign new growth, which is an unknown occurrence in other organs at the time of life prostatic enlargement occurs. In either case inflammation, the result of infection or sepsis in and about the gland, must act as a strong stimulus to its rapid increase in size. Moreover, this suggestion is borne out "to some extent" by the fact that a very large gland has not yet been observed when the organs have been free from infection.

The conclusions I draw from the foregoing are, that on account of the present technique employed in passing urethral instruments, treatment by catheter is not only aborted and rendered inefficient as a method of relieving the few symptoms attributable to prostatic enlargement, but it is actually the means of introducing into the bladder micro-organisms which set up most urgent symptoms and induce a condition of the utmost gravity for which the prostate is unjustly blamed; and further, that prostatectomy, with an acknowledged mortality of 10 per cent., is too frequently undertaken, and should be reserved for exceptional cases.—I am, etc.,

London, Feb. 8th.

HERBERT T. HERRING.

TOTAL EXTIRPATION OF THE PROSTATE.

SIR,—It has been increasingly evident to most surgeons, as it must have been long a matter of definite knowledge to anatomists, that the claims put forward by Mr. Freyer and his friends regarding the so-called total extirpation of the prostate could neither be scientifically supported nor demonstrated in fact.

Much credit is therefore due to Mr. Cuthbert S. Wallace, B.S., F.R.C.S., for his altogether convincing and lucid demonstration of the real facts of the case in the admirable paper published in the issue of the BRITISH MEDICAL JOURNAL for January 30th, 1904.

In the November number of the *Glasgow Medical Journal*, 1902, I took the opportunity to abstract, from an able and elaborate paper by Albarran and Motz (de la Clinique de M. le Professeur Guyon à l'Hôpital Necker) contributed to the July issue of the *Annales des Maladies des Organes Génito-Urinaires*, the following, amongst other points of interest, with regard to the relations of "true" and "false" capsules.

Very probably the paper referred to may have come under the notice of Mr. Wallace, but the demonstration these authors give of the erroneous nature of many of the views so loosely put forward is so convincing and their statements so well borne out by the numerous plates which illustrate their paper, that I feel I am abundantly warranted in drawing attention thus publicly to their work.

The extract I specially desire to draw attention to is as follows:

"This 'false' capsule, which is apt to deceive the inexperienced operator, is formed much as follows: When practically the whole prostate is made up of adenomatous nodules, the glandular tissue interposed between the several new-formed lobules is found compressed and flattened, showing here and there atrophied or dilated *cysts-de-sac*. The peripheral part of the gland is found compressed externally, and flattened between the new-formed nodules and the capsule (true) (an arrangement well shown in diagram by the authors). If in such a case the capsule (true) is very deeply incised, one will cut, at the same time, the atrophied glandular tissue (peripheral), and will be able to make a very easy line of separation underneath it" (a separation, however, of what is merely a central adenomatous mass, from the atrophied and compressed glandular tissue externally, which will be left behind), but one which will perforce amount to but an incomplete operation; believing that only prostatic capsule (true) is left the operator will in reality leave a more or less considerable portion of the actual gland substance of the prostate."

This is, it seems to me, a clear and definite statement of the case. Mr. Wallace admirably corroborates it. From my own observations, both microscopical and macroscopical, of a now fairly considerable number of specimens I agree most emphatically with MM. Albarran and Motz, and can fully homologate the conclusions of Mr. Wallace. To the latter, it seems to me, much credit is due for his interesting and convincing paper.—I am, etc.,

Glasgow, Feb. 5th.

ARCH. YOUNG.

MEDICAL DEFENCE.

SIR,—I was much interested in reading in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of January 30th an account of the meeting of the Medical Defence Committee held on November 12th, 1903. I fail quite to see that sufficient benefits are to be gained by going to the expense and trouble of absorbing the Medical Defence Union and the Counties

Protection Society into the British Medical Association unless it can be done on a cheaper scale to make it worth while doing.

The two first-mentioned societies have already and amply proved their usefulness to all thinking members of the medical profession and have gained the respect of the legal profession, so much so that sometimes when patients wish to prosecute a medical man, solicitors, on hearing that the medical man belongs to one of the defence societies, advise their clients not to proceed further with the case.

The British Medical Association, we learn, has had during the last five years a balance of £5,000 a year. Of course it is obvious a representative society of a learned profession to be influential must be wealthy, and I suppose all members of the British Medical Association wish it to be influential, and they take pride in seeing their society gradually raising itself to the high position that the British Medical Association is attaining; but surely the society has now sufficient capital, together with their income of £45,000 per annum, not to wish to have such a large balance at the end of each year.

Again if the British Medical Association takes up medical defence I should think it would do the work more cheaply than the smaller societies; for instance over a period of fourteen years the legal expenses of the Medical Defence Union worked out at 4s. 10d. a head, and general expenditure, including all office and working expenses of 4s. 3d., total 9s. 1d., but the British Medical Association already has offices and staff of clerks, and although it would be necessary to get, perhaps, some extra clerks, and an office set apart for medical defence work, the general expenses would probably be considerably less than the Medical Defence Union. Again the British Medical Association, being a larger and more influential body even than the Medical Defence Union, probably the legal profession will soon gain so much respect for the society that they will only occasionally take action against members belonging to this great defence society, and so the legal expenses would have a tendency to become less per capita.

It is impossible to spend the money belonging to a society on a definite object unless all members of the society benefit by that object, but if every member has an opportunity of receiving that benefit, but some refuse to take advantage of it, surely then it is quite justifiable to spend the money. For the above reasons I should have thought it possible for the British Medical Association to have taken up defence if it charged an annual subscription of 30s. I believe that most members would pay it. The great difficulty I see in the way is how to arrange for our brothers across the sea, so as to treat them with absolute fairness.—I am, etc.,

Peterborough, Feb. 5th.

ARTHUR PAIN.

SIR,—In the SUPPLEMENT of January 30th is published a scheme for a medical defence fund. I think it time the Association took up the matter, and I was glad to see that some headway was being made towards this end. One point, I think, in the published scheme could be improved upon, to the advantage of the fund as well as the members joining. I refer to the proposal of a "guarantee fund." I see no great difficulty in making this a "cash" guarantee, instead of a "paper" guarantee fund, if the members on joining were asked to pay 20s., half as a yearly contribution and half to the "guarantee fund." This sum should be returnable to the member, without interest, on his ceasing, by resignation or otherwise; to be entitled to the advantages of defence, provided he is clear on the books at the time of resignation, and that the guarantee fund has not been called upon during that year, and that he has not derived any benefit from the defence fund during the two preceding years. In case the guarantee fund is called upon, the member resigning should be entitled to the portion of his contribution remaining.

Should the guarantee fund be called upon, the sum so borrowed should be returned out of the contributions for the next year, and if this prove inadequate the amount could be made up out of a "levy" on the members.

Let me briefly point out the advantage of this over the proposed scheme of a "paper" guarantee fund. Members would be in no worse position financially, as on ceasing to be members the sum of 10s. is returned to them, less such sum as may have been "called up" out of the guarantee fund during the previous financial year. The defence fund can borrow and repay any sum it may temporarily require from the guarantee fund without the expense that would otherwise be incurred. The guarantee fund, in the bank at interest, would be a source of income to the defence fund; no interest being payable to