



In urologic surgery, the legendary becomes routine

William E. Lower, MD, who in 1921 became one of The Cleveland Clinic's four founders, was a urologist. He was remembered by Dr. George Crile, Jr, to have been a "born conservative, even to the point of the keyhole size of his surgical incisions. No one but he could operate through them. His assistants could not even see into them."¹

Things have come a long way in minimally invasive surgery since those early days, as Drs. Steinberg and Gill remind us in their article on laparoscopic prostatectomy in this month's issue of the *Journal*.² Whereas Lower's keyhole incisions were legendary, those of Steinberg and Gill have become routine.

From the internist's point of view, the details of how laparoscopic surgery is done, though interesting, are not particularly pressing. Nevertheless, to know that it can be done and to have some concept of when it is appropriate are important to all who deliver primary care. Steinberg and Gill provide enough detail so that the internist recommending such surgery to a patient can explain it, perhaps using the picture supplied. More importantly, they provide information on patient selection and discuss outcomes and hazards of radical prostatectomy performed laparoscopically.

While Lower might not exactly have been astounded by current technology in minimally invasive surgery, he certainly would have applauded the advances that make it possible. The dividend of short hospital stays (average of 39 hours) would also have appealed to his parsimonious nature, since hospital days are the most expensive component of health care costs in the present era.

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REFERENCES

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2. **Steinberg AP, Gill IS.** Laparoscopic prostatectomy: a promising option in the treatment of prostate cancer. *Cleve Clin J Med* 2004; 71:113–121.