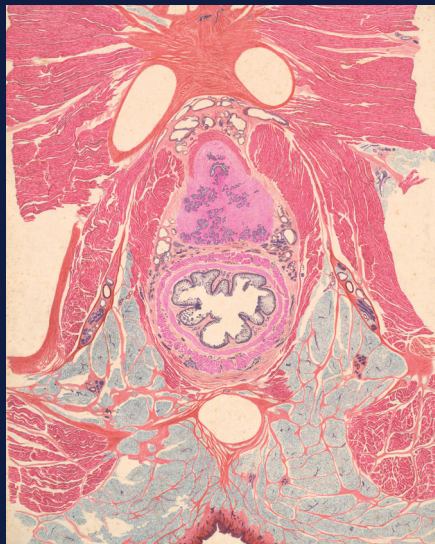
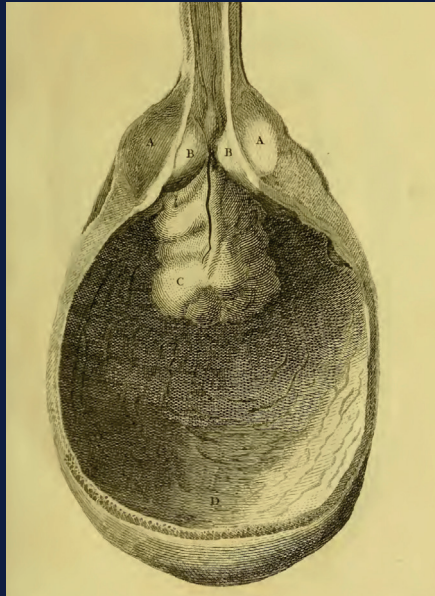


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# The Prostate in Britain and Urology Nursing

The 2026 Desnos Prize Winner



**EAU**  
History  
Office

Presented on the occasion of the 41st Annual EAU Congress

**EAU26** | LONDON, GB  
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# The Great British Prostate

The history of the understanding and management of the prostate and its diseases is of course an international story, however, in this exhibition, we look at some key episodes linked with Great Britain and British urologists ...and their patients!

John Hunter (1728-1793) the London-based Scottish surgeon and anatomist described the enlarged median lobe as “acting like a valve to the mouth of the urethra.” In the early 19th century, the median lobe of the prostate caused considerable discussion, confusion and disagreement. Sir Everard Home (1756-1832), Hunter’s son-in-law, claimed to have “discovered” it and for a time it was called Home’s lobe. (Fig. 1)

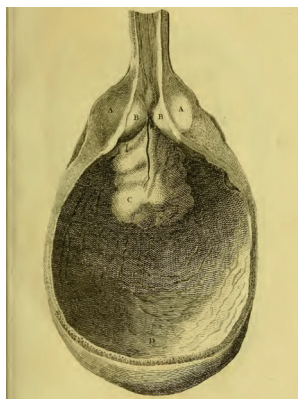


Figure 1: The median lobe of the prostate. Note the inverted view of the anatomist compared to how we would view the bladder now as cystoscopists. Hunter J. *A Treatise on the Venereal Disease. Third ed.* London: G & W Nicol, 1810.

Sir Henry Thompson (1820-1904), in his typically well-researched 1858 book on the prostate refuted Home’s clearly spurious claim of discovery, pointing out that it had been well described before by Antonio Valisneri (1661-1730), Casper Bartholin (1655-1738) Antonio Valsalva (1666-1723), Giovanni Morgagni (1682-1771) and not least by Home’s own father-in-law.

The surgeons of the 18th and early 19th centuries mainly came across the prostate whilst performing perineal lithotomy; the enlarged gland getting in the way. (Fig. 2) Some surgeons, like William Fergusson (1808-1877) in 1848 and again in 1870, and Reginald Harrison (1837-1908) in 1881, began to suggest that the obstructing prostate could be purposefully removed to alleviate symptoms. The first surgeon to carry out this procedure in Great Britain was Arthur Fergusson McGill (1850-1890) in Leeds in 1887. At around the same time William T. Belfield (1856-1929) and then Eugene Fuller (1858-1930) in America were doing the same. This did not stop Sir Peter Freyer (1851-

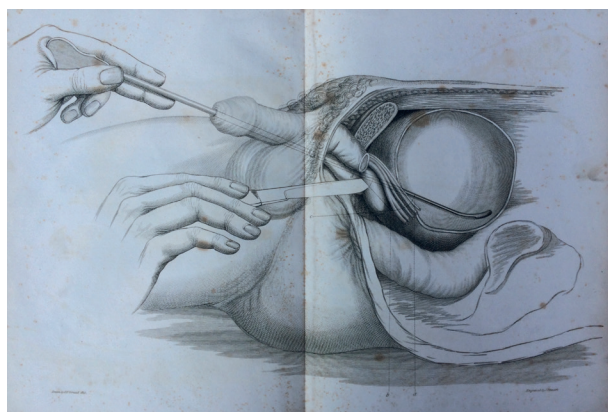


Figure 2: Illustration of how the prostate obstructed the surgeon during lithotomy. Key, A. *A Short Treatise on the Section of the Prostate Gland.* London: Longman, Hurst, Rees, Orme, Brown & Green, 1824.

1921) publishing “Total Extirpation of the Prostate for Radical Cure of Enlargement of That Organ” in July 1901 and claiming it as his idea. This caused significant controversy in the UK and USA, but Freyer always maintained his method was unique and it was his name that was subsequently linked to suprapubic prostatectomy. (Fig. 3)

In the early part of the 20th century, ideas about minimally-invasive treatments for the prostate began to migrate from the USA into Great Britain. Some urologists like Edward Canny Ryall and Terence Millin (1903-1980) embraced the idea, but most were suspicious, and it did not flourish.

During the Second World War, the lack of diathermy machines made TURP increasingly difficult

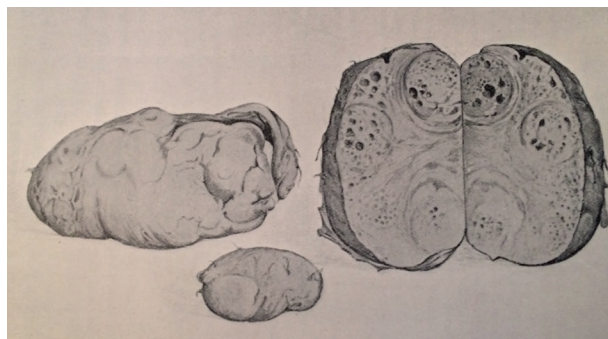


Figure 3: The prostate removed from John Thomas at Sir Peter Freyer’s first open prostatectomy. Freyer PJ. *Clinical lectures on stricture of the urethra and enlargement of the prostate, 2nd Edition.* London: Bailliere, Tindall and Cox, 1902.

and Terence Millin began looking for a better operation than Freyer's prostatectomy. On the evening of Thursday 30th November 1945, he presented his technique to the Urology Section of the RSM. Rather dramatically, he produced a patient he had operated on a few days prior and after plying him with a couple of pints of beer had him demonstrate his excellent flow rate to the audience. The new operation was published in *The Lancet* the next day. The same issue contained a glowing anonymous editorial, likely written by Sir Heneage Ogilvie of Guys. Millin quickly published a book in 1947 which of course had a wider influence, particularly abroad. (Fig. 4)



Figure 4:  
Instruments for performing a  
Millin's prostatectomy.

### Punch

The prostatic punch is an unfamiliar instrument to the modern endourologist accustomed to the fine optics, digital vision and efficient diathermy of the latest resectoscopes. An alternative to the hot loop diathermy resectoscope, it used a blade to cut tissue, the haemorrhage was then subsequently controlled by secondary diathermy. It was a direct vision instrument, with no lens system. Select British surgeons had started to adopt this American invention. It was a difficult technique, but in the right hands gave good results. Newcastle's William Wardill's 1941 seminal paper in *The Lancet*, documenting his first 230 cases, demonstrated a considerable reduction in mortality compared with open prostatectomy and an average hospital stay reduced from 45 to 15 days.

In the Spring of 1949, Tom Chapman of Glasgow proposed a meeting of surgeons with an interest in the challenging operation of punch prostatectomy. Tom Lane (1894-1967) of the Meath Hospital, Dublin, along with Henry Hamilton Stewart (1904-1970) of Bradford and John Swinney (1912-1988) of Newcastle, held a two-day meeting in Dublin to discuss the punch. The meeting was a success, and they decided to hold an annual meeting rotating around each member's hospitals. They called their group, the Punch Club; it

still exists today as a travelling urology club, but no members use the punch now.

### TURP

After the Second World War, with a generation of young surgeons trained in the open surgery of the battlefield and an easy operative solution in Millin's new prostatectomy, there still remained little British enthusiasm for the TURP. A reluctance of British surgeons to specialise, especially in urology, held TURP back but strangely, it was TURP that finally forced the non-specialist to give the prostate back to the urologist.

In 1960, John Blandy (1927-2011) a senior registrar at the London Hospital, travelled to America and learned the technique of TURP. Convinced it was the right way to go, he not only practised, but also taught TURP to his trainees back in England and began to write a textbook. It was first published in 1971 when barely any TURPs were done in the UK. As British urologists started to take up the TURP they began to adapt their resectoscopes and a variety of British models appeared, particularly after the introduction of the rod lens and fibreoptics by Harold Hopkins. (Fig. 5)

In a 1980 *BMJ* editorial it was noted that 80% of prostatectomies were still being carried out by general surgeons, not urologists, and that most of these were still open Millins. Moreover, in hospitals who did not have a urologist (indicating that prostatectomy was likely open and not by TURP) the death rate was 11.2% versus the urologists' 2%. It was this paper that helped the new specialist urologists take back the prostate from the general surgeons and it was only then that urology in Great Britain eventually began to be recognised as a surgical specialty.



Figure 5: Resectoscopes and punches.

# Urological Nursing in Great Britain

Prior to the latter half of the 19th century, most people were nursed at home by family members or servants. Prior to the Reformation, hospitals were staffed by religious orders. Although this continued on the continent, in Great Britain this was only the case in certain hospitals such as the French and Italian Hospitals in London. Local women might be hired to visit the sick to help with basic needs such as hygiene and feeding and staff the voluntary and poor house hospitals. Florence Nightingale (1820-1910) described these nurses as being “too old, too weak, too drunken, too dirty, too stupid or too bad to do anything else,” and Charles

Dickens parodied them as drunken thieves with his character of Sairey Gamp, happy to be paid for “lying in or laying out”! (Fig. 1)

Following Florence Nightingale’s nursing expedition in the Crimean War (1854-1856) it became more acceptable for middle class and educated women to become nurses. The way nurses were perceived changed, they were regarded as having the higher levels of nursing skills needed on hospital wards. Schools of nursing opened such as the Nightingale Training School at St. Thomas’s Hospital in 1860.

Ethel Bedford Fenwick (1857-1947), the daughter and wife of doctors and the sister-in-law of the famous urologist Edwin Hurry Fenwick (1856-1944), felt nurse training should be at least three years, and that only those nurses who had completed this training could call themselves “nurse”. She firmly believed that they

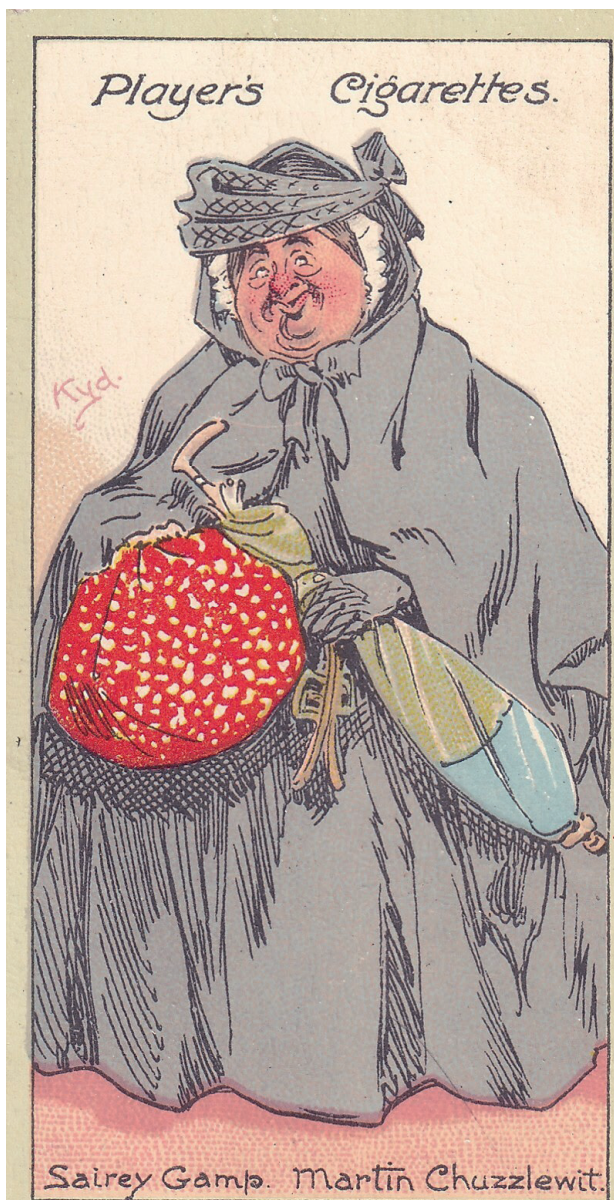


Figure 1: Sairey Gamp. Early 20th century cigarette card.



Figure 2: Ethel Bedford Fenwick (1857-1947). Image in the public domain.

should not be seen as just “doctor’s handmaidens” and was adamant that nurses should be registered. She founded the British Nurses’ Association to lobby parliament to establish a nurses’ register which ultimately led to the Nurses Registration Act of 1919; Ethel Bedford Fenwick’s name is listed as State Registered Nurse Number 1. (Fig. 2)

The first hospital for Stone and Diseases of the Urinary Organs, St Peter’s, founded in 1860 can arguably be seen as the time the first urological nurses came into being. The nurses, like surgeons that branched out into the speciality, became specialised too. Along with St Paul’s and St Philip’s hospitals, nurses worked in the London urological hospitals which became known as the 3 P’s (and less politely, ‘The Pissing Apostles’).

As other urological departments appeared across the country, nurses developed more skills in caring for urology patients. For example, in the 1960s there was a sister at The London Hospital who carefully and persistently placed John Blandy’s post-operative prostatectomy patients next to those of a general surgeon. After seeing the difference in haematuria the surgeon eventually took the hint and gave up the prostate to the urologists. (Fig. 3)

The joint board of clinical nursing studies was set up in March 1970. In 1976, approval was granted to establish the English National Board (ENB) Renal and Urological course 134 for State Registered nurses, and course 140 for State Enrolled nurses. These courses ran there until the change in nurse education moved them into universities.

During the 1970’s Clinical Nurse Specialists (CNSs) began to emerge. This was an attempt by senior nurses to remain in clinical work rather than being promoted into managerial roles. By the 1990’s there were several urology CNSs, but working independently in various areas of the county. In 1992, one of these, Sarah Heatley, formed the British Urology Research Nurse Support Group (BURNS) to connect urology nurses working up and down the country. Another group formed by Mary Kirkham and Mary Rodregus was SUNS- Society of Urology Nurse Specialists.

In 1995, a meeting was held at the Royal College of Surgeons in London. It was clear there was a real need



Figure 3: St Peter’s Hospital. BAUS

for an organisation to support all urology nurses, and the British Association of Urological Nurses (BAUN) came into being. Internationally other urological nursing organisations came in to being and following a meeting in Brussels in 2000 The European Association of Urological Nurses EAUN began. The EAUN board was formed in 2001, introducing guidelines, fellowships, webinars, podcasts, Special Interest Groups, and it runs an annual meeting alongside the Annual EAU Congress.

Due increasing demands and limited resources in the NHS, the urology CNSs increasingly took on more and more roles. From the early 1990’s nurses began to be taught flexible cystoscopy, then laser ablation of small bladder tumours, intravesical BoTox and prostate biopsies. Over time the nurses became increasingly independent of the surgeons, working alongside them rather than as assistants.

*This article is based on research by the late Rachel Leaver, Urology Nurse and founder member of BAUN.*

# The 2026 Ernest Desnos Prize Winner

The 2026 Desnos Prize for contributions to the History of Urology is awarded to the Spanish urologist José María Gil-Vernet Sedó. (Fig. 1) This prize, named after the French urologist Ernest Desnos (1852-1925), author of the emblematic publication *Histoire d'Urologie* in 1914, is awarded every year to a professional who has made a significant contribution to the study and promotion of the history of urology.

José María Gil-Vernet Sedó belongs to the third generation of one of the greatest family lines of urologic surgeons in Barcelona. His grandfather, Salvador Gil Vernet (1892-1987), (Fig. 2) was appointed professor of anatomy in the Faculty of Medicine in Barcelona, and chair of the urology clinic at Barcelona Hospital Clinic in 1928. Salvador developed a long career in anatomical research focused on the pathological, topographical, and surgical anatomy of the male urogenital tract. José María's father, José María Gil-Vernet Vila (1922-2020) took over the leadership as professor and chair of urology in Hospital Clinic and became one of the best urologic surgeons of the 20th century, recognised worldwide. He performed the first successful kidney transplant in Spain in 1965.

José María Gil-Vernet Sedó (1957-) has a double degree in Pharmacy (1980) and Medicine (1985), and trained with his father (Fig. 3) in Barcelona Hospital



Figure 1: Dr. José María Gil-Vernet Sedó (Barcelona, ES), winner of the 2026 EAU Ernest Desnos Prize.



Figure 2: Prof. Salvador Gil Vernet (1892-1987) anatomist, urologist and grandfather of Dr. Gil-Vernet Sedó who started what would become the collection that bears his name.



Figure 3: Dr. Gil-Vernet Sedó receives some hands-on training from his father, Prof. Gil-Vernet Vila, in a photo dated to the mid-1990s.

Clinic (1986-1990) and in the University of Hamburg (Germany) with professor Ziegler (1987).

Besides his many merits as a leading urologist in Barcelona, he developed a firm historical interest that crystallised in the securing of his family historical legacy and in the creation of "Salvador Gil Vernet Urological Drawing Collection" in 2005. He is an active board member of the History Office of Spanish Urological Association and has spent decades curating a unique visual record of medical knowledge and practice in urology that was developed by his grandfather and his father, mainly. These materials represent a century of the history of urology.

## The Salvador Gil Vernet Collection

José María collected, classified, restored and framed the Salvador Gil Vernet Collection of Urology Drawings. Salvador Gil Vernet had used these drawings as a teaching aid in the Faculty of Medicine in Barcelona and as documentation for his many publications on prostate anatomy and prostatic disease. Three beautiful books were published dedicated to Urologic Pathology in which multiple unique drawings featured. Part I was dedicated to prostate cancer (published in 1944) and Part II, split in two volumes, was dedicated to prostatic structure and diseases (vol. 1 in 1953 and vol. 2 in 1954).

These series of large format drawings were performed by students in Salvador Gil Vernet's uro-anatomical laboratory and were originally displayed in the Faculty of Medicine in Barcelona. The histological-topograph-

ical method used was developed by the German anatomist and neurologist Otto Kalischer (1869-1942). A Sartorius-Werke microtome was used to prepare slides from foetal or adult specimens of large dimensions. Sections were stained and microscopically observed to evaluate the muscular and nervous elements that could not be perceived in macroscopic dissections. The obser-



Figure 4: An example of the microscope slides that were produced, studied and recreated as large pen and ink drawings.

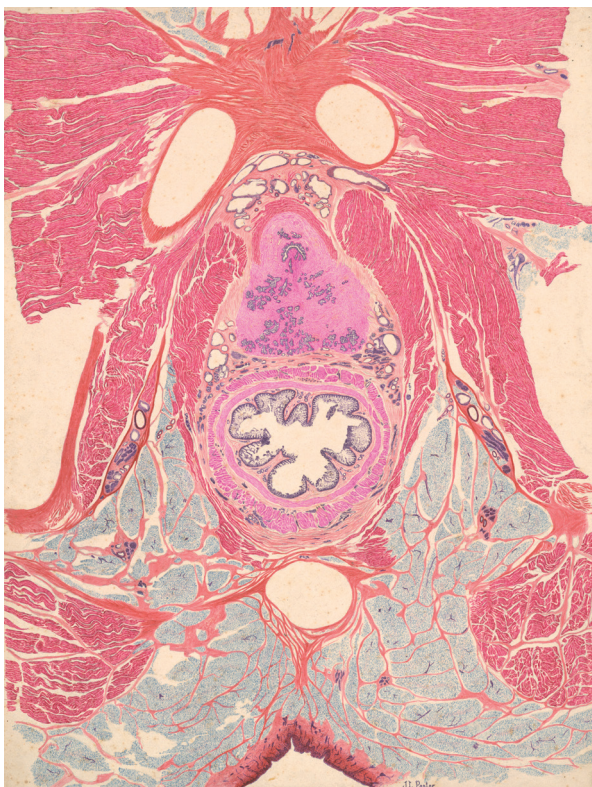


Figure 5: Newborn transverse histotopographic section of the pelvis. Ink on paper. Artist: J.L. Pastor, ca. 1943. Depicts: ischiopubic rami; endopelvic fascia; prostate; inframontanal (distal) prostatic urethra; Santorini's venous plexus; external urethral sphincter; posterolateral neurovascular bundles; hemorrhoidal nerves; rectum; levator ani and obturator internus muscles; and internal pudendal vessels and nerves. (EAU Salvador Gil Vernet Collection no. 116.)

vations were recorded in field notebooks with sketches, and the most interesting preparations were re-examined under the microscope and hand-drawn by students and interns on a very detailed scale. This arduous work resulted in the creation of hundreds of large-format drawings between 1940 and 1970. (Figs. 4 & 5)

José María Gil-Vernet Vila was one of these students. The prodigious surgical technique he developed was built by applying topographic anatomy to surgery and also clinical practice. He developed and published several dozens of original techniques, thus became one of the most recognised urologic surgeons of his time worldwide. He solved surgical problems on renal stones, bladder replacement, urethral surgery and kidney transplantation. Some of the best artists in Barcelona were taken to the operating theatre to record this surgical art. By this time, it was his son, José María Gil-Vernet Sedó who was the student. He appreciated so much the anatomical art that was his family legacy, that his interest in the history of urology started from his very beginning as urologist.

José María Gil-Vernet Sedó had the responsibility to keep his family graphic legacy intact, that was in serious danger when the faculty underwent renovations in the 1980s. His great task started then. It was to catalogue and to preserve his father's and his grandfather's artistic sources. With his father's help he was able to bring together the "Salvador Gil Vernet Collection of Urology Drawings".

His father passed away in 2020, and José María decided to follow his father's will and donate his family graphic legacy to the European Association of Urology in 2025. His very generous attitude arose great interest in the EAU History Office with which José María has actively participated for decades. He was speaker in the 6th International Congress on the History of Urology held in Munich (2016) and collaborated in the EAU Historical Exhibitions performed in Barcelona (2019) and Madrid (2025). José María Gil-Vernet Sedó published in 2015 a beautiful graphical atlas entitled *The Art of Transforming Science: Salvador Gil Vernet's modern understanding of urologic anatomy*. He has also written many articles on the history of his family and the history of urology.

His safeguarding, keeping alive and passing on of his family legacy are reasons enough to commend José María Gil-Vernet Sedó and award him the 2026 Desnos Prize.

# The EAU History Office at EAU26

## Abstract Session 13:

### History of Urology

Saturday, 14 March

12:15 - 13:45

Red Area, Room 7

Historical lectures as part of:

### Plenary Session: Cutting-edge developments in functional and neuro-urology: Shaping the Future

Friday, 13 March

08:00 - 10:00

Orange Area, eURO Auditorium

### Thematic Session: 5 Top tips for genital surgery

Friday, 13 March

10:45 - 12:15

Orange Area, Room 3

## Publications at EAU26

### Pick up a book of your choice at the EAU Square

The EAU History Office is hard at work behind the scenes to launch a completely new book series on the history of urology for 2027. At EAU26, we are presenting a selection of publications from recent years. If you missed them at previous congresses, this is your chance to complete your collection! Congress delegates may pick up a book of their choice while stocks last.

### *Cache-Sexe: Covered, Uncovered, Discovered*

Philip Van Kerrebroeck (2023)

### *Roma Intima: Love, Lust and the Human Body*

Johan Mattelaer & Bert Gevaert (2022)

### *Sexological and other Less Logical Stories:*

#### *A Tale of love, lust and the living body*

Johan Mattelaer (2013)

### *Urine, Urination, Catheterisation, Collection:*

#### *The Liquid White Gold*

Johan Mattelaer (2008)

### *From Ornamentation to Mutilation: Genital Decorations and Cultural Operations in the Male*

Johan Mattelaer (2004)

