The article is dedicated to the 150th anniversary of the birth of Professor Georges Marion, an outstanding French surgeon and urologist. The main stages of his clinical and scientific activities are presented. G. Marion is the author of more than 300 scientific papers, including the fundamental guide to urology. He made a great contribution to the development of the surgical field in urology. G. Marion first performed many operations, subsequently named after him, and the hypertrophy of the bladder neck described by him was called Marion's disease.

**Keywords:** Georges Marion; biography; Marion's disease.
the urology department of the hospital Lariboisiere for many years since 1908. He became an assistant professor soon after and became a professor at the Faculty of Medicine at the University of Paris in 1933 [1].

G. Marion's contribution to the development of urology is comprehensive. He is the author of over 300 scientific papers on various aspects of the surgical treatment of diseases of the genitourinary organs [2]. The first renowned work was the manual on the technique of performing surgical interventions (“Manuel de technique chirurgicale”) issued in 1908 (Fig. 2). One of the first monographs on the surgery of the urethra was published in 1910, in which he substantiated the possibility of restoring the urethra patency by imposing an end-to-end anastomosis (“Réparation de l’urèthre par suture bout à bout avec dérivation immédiate et temporaire des urines par uréthrostomie”). G. Marion published lectures on surgery of the urinary system in 1912, which became the reference books of several generations of urologists (“Leçons de chirurgie urinaire”). The guide on cystoscopy and ureteral catheterization published in 1914 (“Traité pratique de cystoscopie et de cathétérisme urétéral”). It was widely known, and the second edition of this, updated and revised, was published in 1924.

The most famous work of G. Marion is the fundamental guide to urology “Traité d’Urologie,” for which he became world-famous, first published in 1921 and then reedited four times. G. Marion summarized the knowledge about the causes of the development, diagnostics, and treatment of urological diseases at a high theoretical and practical level. Marion’s guide on urology was translated into many languages, including Russian, and published in many countries. It was published in 1931 under the editorship of prof. N.F. Lezhnev in the USSR [3].

In 1927, Professor Marion studied in detail the etiology, morphology, and clinical course of congenital and acquired urinary bladder neck hypertrophy, manifested by stenosis of the internal urethral orifice and symptoms of infravesical obstruction. Subsequently, this disease had the name of the scientist who described it, Marion’s disease.

G. Marion had made a significant contribution in the development of surgical treatment of urological diseases. He had performed the ureteroileocutaneostomy (1909) and transverse pyelotomy (1922) for the first time. A number of surgical interventions, first performed by G. Marion, were named after him. The excision of the bladder diverticulum and the formation of a new urethra for vesicovaginal fistulas are now known as Marion’s surgeries.

Albarran–Marion nephropexy has become widespread. Initially, Professor J. Albarran proposed his own method of nephropexy which consisted of dissecting the kidney capsule, cutting out the flap on both sides to the hilum of the kidney, and dissecting it with small transverse incisions with the formation of four corners, which were fixed with catgut sutures. Each of the corners was sutured closer to the base and tied on
both sides. The ligature of each upper (upper anterior and upper posterior) flap was performed on a cutting sharply curved needle anteriorly and posteriorly to the twelfth rib and tied after placement of the kidney into its own bed. The anteroinferior flap was fixed to the deep layers of the anterior edge of the lumbar incision, and the posteroinferior flap was sutured to the quadratus lumborum. G. Marion introduced a modification to the method which consisted of dissection of the capsule not along the entire convex edge, but from the upper pole to the lower third of the kidney. Thus, the lower pole of the kidney was supported by the capsule. Then, four flaps were formed like in the Albarran method. The superior–posterior flap was fixed in the intercostal space XI, and the superior–anterior one was fixed in the intercostal space X [4].

Professor G. Marion had paid significant attention to reconstructive surgeries of the lower urinary tract. It would not be an exaggeration to say that he was one of the world leaders in the field of urology. The end of many years of Marion's research in this field was a classic work written together with his student J. Perard and published in Paris in 1942 (“Method of plastic surgery on the bladder and urethra”) [5]. Urologists around the world are well aware of the Holtsov–Marion surgery, which is used for stenoses localized in the spongy urethra, and consists of resecting the stricture site and forming an end-to-end anastomosis. In this case, the cicatricial part of the urethra was excised within healthy tissues.

G. Marion was elected as a member of the French National Academy of Medicine in 1934. Being an outstanding scientist and excellent clinician, G. Marion was very modest and widely available to patients. He enjoyed great authority and respect among his numerous students and patients.

He died on October 17, 1960 in Paris at the age of 91. As per his request, the scientist was buried in Fixin, where he was born. During his long and eventful life, Professor G. Marion had made an inestimable contribution to French and the World of Urology and educated numerous students who continued the work of their teacher.

REFERENCES

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