ably accompanied by a marked decrease in the force of the stream, and is therefore one of the earliest of the symptoms of prostatic hypertrophy. Instead of the usual curve on leaving the meatus, the stream drops vertically down, and no amount of effort is in the least effectual in making it otherwise; indeed, in some instances, straining serves only to check the stream altogether by producing contraction around the orifice. Unless complicated by stricture, the stream, when started, is of equal size to that in normal health, and yet, in spite of the fact that some residual urine always remains in the bladder, and the intervals between micturition are much shorter than normal, the fact remains that a longer time than usual is required to pass the urine.

The third of this trio of symptoms is found at the end of micturition when the urine involuntarily dribbles away, and is the first symptom of the commencing failure of the bladder, the impaired contractility of which is always present. It is the first indication to show that the bladder has already failed to force forward into the membraneous and bulbous urethra the last quantity of urine, and consequently the voluntary muscles have nothing to contract upon. The fault, therefore, does not lie with the voluntary muscles which remain unimpaired, but rather with the bladder itself.

One of the first pathological conditions produced by enlargement of the prostate, though the patient may be entirely unaware of it, is the presence in the bladder of *residual urine*. In practically all cases of prostatic enlargement, the bladder, as a result of the obstruction at its neck, early fails to completely empty itself; and, as a result, there is always a certain amount of urine remaining in the viscus—an amount greatly determined by the amount of obstruction. The amount of residual urine may very from a few drops to many ounces; and may even vary from day to day—being influenced in a minor degree by certain emotions, such as nervousness, etc.—but withal the tendency is for the quantity to increase as time goes by, and the prostate gradually increases in size.

As has been already mentioned, the patient is rarely aware of its presence, and is very much surprised when, after (as he thinks) he has completely emptied his bladder, a catheter reveals the presence of urine still left behind. The diagnosis is thus easily made, and catheterization should invariably be carried out as a routine procedure in all cases of suspected prostatic trouble. In cases of extreme retention, however, great care should be exercised in catheterization, as, after a long period of marked retention, the sudden relief obtained by the catheter will sometimes by suddenly relieving the back pressure from the kidney, produce an acute nephritis, or even renal apoplexy. This is especially true in cases of long-standing chronic nephritis. A correct estimate of