began to pass bloody urine, which continued without change or interruption until his admission to hospital on the 23rd of June, 1909. The blood was intimately mixed with the urine but the amount was not large. He had a hard nodular prostate, and, on examination, five oz. of residual urine were withdrawn at one examination and at another no residual urine whatever was found. The cystoscope showed oozing of blood from all around the urethral opening, but no visible ulceration and no projection of the prostate into the bladder. Suprabubic operation on June 28th verified this observation and an attempt was made to enucleate the prostate. This I am now convinced was bad surgery, but it was difficult to know how to deal with the condition. It was exceedingly hard, and even with the aid of a perineal incision only a partial removal was effected. The patient made a good recovery, had no more bleeding, and was discharged July 27th with perfectly normal urinary function and no residual urine. It is, of course, unnecessary to add that this satisfactory condition cannot long continue, and one can only contemplate the future of such a case with a deeper feeling of sadness and despair than that which is evoked by incurable cancer in almost any other situation. In this case although the first symptom had been noticed less than six months before operation there can be no doubt but that the disease had been present for a long time before it gave rise to any signs.

The relation of cancer to senile hypertrophy of the prostate has not been sufficiently studied, but while there is no doubt but that cancer often attacks the already hypertrophied prostate, the comparatively early age at which it frequently occurs would seem to indicate that quite as frequently it occurs before there is any real hypertrophy. Whether hypertrophy predisposes to cancer or whether the occurrence of cancer in the already hypertrophied gland is not simply due to the more frequent incidence of cancer at the age at which hypertrophy occurs, are still unsettled questions.

The fact also that cancer of the prostate is usually, so far as we know, of slow growth in its early stages and has generally existed for some time before it produces symptoms, must also be taken into account. At any rate, cancer seldom occurs in the capsule after the removal of the hypertrophied gland. Careful examination of the prostate in cases in which cancer had not been suspected, has quite frequently discovered it in some part of the removed gland. Cachexia and failure of nutrition are rarely found until the disease is so far advanced that diagnosis is unmistakable. A peculiar feature which has been noted by nearly all observers is the tendency to metastases to the osseous system.

But the fact must not be overlooked that at the present time patholo-