uniform grouping of symptoms to distinguish cancer from hypertrophy and some of the most characteristic symptoms are often absent; and may be present in one case and not in another. Physical examination gives more definite information. Dense, stony hardness felt from the rectum is perhaps the most important sign. This may involve the whole or only a part of the prostate. It is sometimes smooth and sometimes nodular. The lobes are often unequal in size, and in some cases where there are marked symptoms, the examiner will be surprised to find that there is very little palpable enlargement of the prostate.

Sometimes a small hard mass leads one to think that he has to deal with a stone or a tubercular nodule. Both of these conditions must be eliminated although they occur much less frequently than cancer.

In far advanced cases, the outline of the prostate is obscured by an infiltration of the capsule which gives the idea of an invasion of the bladder wall upwards. The bladder, however, is rarely invaded until very late, but the seminal vesicles and surrounding tissues are, and it is this extension which gives rise to the sign above noted.

The rectal mucous membrane may also be less freely movable in these late cases and enlarged cancerous glands may be found in the inguinal regions. Cystoscopic examination shows that the prostate does not project into the bladder as in ordinary hypertrophy, and Young describes the appearance of the mucous membrane as hard, drawn, and contracted looking.

When operation is undertaken it is found difficult or impossible to enucleate the mass, to separate the gland substance from the capsule, and it can only be torn away in fragments. (Doubtless many of the so-called "fibrous prostates," which have been described, were cancerous.) In early cases this may be noted at only one point in the mass. In the history of a case, rapid development of symptoms in a comparatively young man is very suggestive. In a word a man of 50-60 suffering from frequent micturition, much pain, comparatively little residual urine and whose prostate is very hard but not greatly enlarged, is probably the subject of cancer, and it is a very important question to decide whether enucleation,—the ordinary prostatectomy,—should be undertaken or a much more serious and extensive operation be provided for.

The following case may be taken as a type and one which illustrates also the hæmaturia which is observed in the later stages of the disease.

A strong rugged man, aet. 64, was in perfect health until December 1908, when he began to have some frequency of micturition by day and was obliged to get up once during the night. He had more or less burning at the neck of the bladder but no pain. Early in May 1909, he