

hard with irregular or crystalline surface, and are found, as stated, in neutral or slightly alkaline urine.

It is an interesting point of contrast, as Langdon Brown remarks, that neurasthenics tend to oxaluria when they have very acid urine, and to phosphaturia when the urine is not very acid.

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PROSTATECTOMY *

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The fact that members of this Association are expected to take a share in contributing to the programmes is my excuse for this paper, rather than having something illuminating to offer.

The paper refers to some points that impressed me in connection with my own experience in prostatectomies. It contains a brief report of some cases having a bearing on the prognosis. During the last six months we had four suprapubic prostatectomies. By a coincidence, each of these patients was in his 79th year. Four cases are too few from which to form conclusions, but when the age, the complications, and good final results are considered, it must be admitted that the operation is one that may be recommended with considerable assurance.

CASE 1: J. McL., 79th year—Referred by Dr. Ross, of Seaford, who also assisted. Had prostatic troubles for several years. Operation, September 1st, 1914. Suprapubic in one stage. Bladder at operation much distended, as it was impossible to pass the catheter.

RESULT—Dr. Ross in report says patient has gained twenty pounds in weight. No trouble in voiding or retaining urine; can retain urine all night if he chooses to do so. Feels strong and attends to his duties as rural mail carrier.

CASE 2.: D. G., 79th year—Referred by Dr. Case, Dungannon. Entered on catheter life seven or eight years ago. For last two weeks was unable to pass catheter. Two days before coming to Clinton Hospital, bladder was tapped above pubes but refilled. Operation, Oct. 12th, 1914. Bladder distended to umbilicus.

* Read at the Huron Medical Association, March 10th, 1915.