a mild inflammation of the cortical and medullary structure of the kidneys. The pressure of the enlarged prostate occasions also congestion of the hæmorrhoidal vessels, while the violent straining in attempts to void urine, often induce prolapse of the rectum. The urine is often alkaline, or even if slightly acid, it has an ammoniacal odor, and often a sickening smell. If the urine is decidedly acid, it is so, because its acidity has not been neutralised by mixing with the alkoline residium. Whatever urine has been alkalinized deposits crystalline and amorphous phosphates. It is murky and cloudy and filled with ropy mucous. What I have said represents the usual changes, which occur in the majority of cases. There are many variations. The patient may be able to evacuate his bladder entirely, but the obstruction to the return of venous blood from the bladder walls, produced by the pressure of the enlarged prostate, keeps up a congestion about the floor and neck of the organ. The result is irritability or a constantly recurring desire to empty the bladder. This condition comes on gradually. The patient sometimes cannot tell precisely when his troubles began. He notices perhaps, or the fact may escape his notice, that he rises earlier than usual to evacuate his bladder. Soon, however, he finds that he wakens twice during the night, with a sense of fulness in the organ. He passes water and goes to sleep again. During the day time he has to urinate to a little more frequently than was his wont. This condition gradually gets worse; the intervals between his making water gets shorter at night, he rises every hour, and is constantly annoyed by an obscure sense of weight about the lower part of his belly. His bladder is never empty, but he does not know it. He cannot force the stream out at once. Sometimes there is a delay of a minute or less before the flow begins. When it does come it is not projected away from him with any force, he cannot make the "*coup de piston,*" the final spasmodic closing of the urethra, and a few drops flow away when he returns the organ to its resting place. The condition of things is now ripe for an explosion, the cause alone is wanting. At last it comes. He dines out, drinks a little more wine than usual and neglects to urinate; or he gets a wetting or his feet get chilled, and he suddenly finds that he is unable to make water. If not relieved by the introduction of a catheter, over distension occurs, and it commences to dribble away. He fancies that his trouble is ended, for his torment has been dreadful; but his relief is not what he expected. His previously existing troubles are increased, pain in the perineum, annoying in character, supervenes, digestion is impaired, appetite fails, is worn out by loss of sleep, ages rapidly, becomes fretful and irritable, and has no pleasure in life. When a patient comes to you complaining of such symptoms as I have described he should be placed on his back, with his knees elevated, and a digital examination made through the rectum, only by this means, can general prostatic enlargement be made out. In place of the soft, chesnut like body, hardly recognizable, the finger will meet with a dense rounded mass, generally smooth, but sometimes nodulated. The next step is to presuse and procure the hypogastrium, with a view of making out the condition of the bladder. It is just possible that with a finger in the rectum, and palpation with the other hand, some information may be gained as to the condition of the prostate. As a rule, however, it only reveals the fact that pressure above the pubis, excites a desire to urinate, from transmission of the force, to the sensitive part of the bladder. Sometimes this organ is as large as a child's head, and extends as high as the umbilicus. Generally the patient is unconscious of its existence. If he is able to make water, there is very little force to the flow. Sometimes there are two streams, one projected, the other dribling. If desired to strain, when the stream is flowing, instead of becoming larger, or showing increased force, it may be diminished both in size and force. Urine so voided, is as a rule cloudy, bad smelling, and contains flocculi of pus, and stringy mucous. When he has voided all he can, if a catheter be introduced, very often a considerable amount of residual urine can be drawn off. Such cases are favorable for prognosis, if the patient can be brought to introduce the catheter, for by keeping his bladder from overfilling, he can avoid his most disagreeable symptoms, continually recurring desire to urinate. In introducing a catheter, especially in an old man, great caution should be exercised. A large size should always be used. If a silver one be employed in this desease it should have a short curve. It will usually go smoothly till the triangular ligament is reached, when it may require a little coaxing, but on no account should force be used. It will then pass on till a depth of six or seven inches is reached when it will stop. It has come against the enlarged prostate, or got into a false passage. A rectal examination will tell you which. If the obstruction is an enlarged prostate it is dangerous to proceed further with the instrument in use. Some years ago, and still in many parts of the country the gum elastic catheter was the one selected. Failing a new modern instrument, it may be employed, and when the obstruction is reached by partially withdrawing the stilette, such a curve is given to the point that it very often will reach the roof and slip over the prostate and enter the bladder. The instrument, which in my hands has given me the most satisfaction is the French catheter, named after its inventer Mercier. It is an elbowed instrument having a fixed angle or it may have two angles. The English makers now furnish a somewhat similar catheter, but I do not like them. They are not equal to the French, they are too stiff