clearly made out, and also that this is acting as obstruction to urinary overflow, it may then be proper to direct and teach the patient to pass an instrument at least once in the twenty-four hours. Catheterism being necessary, we select that form that will produce the least irritation. Trying, perhaps, first of all, a soft rubber catheter, Jacques' pattern, these sometimes slide in easily, sometimes they won't go in at all and no amount of persuasion or skill with instruments can make them. Or an English gum elastic, or French, olive shaped, may be preferred. Yet I think, of all the soft or flexible catheters, the one most likely to be the most serviceable and to pass the easiest, is the French catheter Coudée. This is especially easy to pass if you keep the beak upwards and allow the catheter to ride into the bladder. If this fails withdraw it about an inch and rotate it on its axis, so that the beak points to the right—if you fail, similarly to the left, and see if it will not slip on into the bladder, for at times the passage is circuitous. Silver catheters are to be used if the soft ones fail, and the introduction of the left forefinger into the bowel is often of service by pressing the point of the catheter forwards.

That this catheterism is necessary is very plain to the surgeon for relief of the more or less complete retention, but should it unhappily be the starting-point of serious and perhaps fatal illness, it is not easy to convince the friends of the patient that it is not because the catheter was used, but that it was not used early enough, that the illness is so grave.

I have seen a metaphorical illustration of this possibility by Mr B. Browne, which I consider very apt: "An elderly man requiring catheterism for partial or complete prostatic retention of urine may be looked upon as a blind traveller unconsciously approaching the brink of a precipice, and his surgeon may be compared to his friend, who, aware of the danger, hastens to his assistance. The friend must interfere or else the man is lost; but if he rush unskilfully to his aid he may cause him to stumble and so actually hasten his end, although by a very brief period of time; or the man may already have lost his equilibrium, the most skilful aid is unavailing and he falls, and in falling may drag his would-be saviour with him." In other words, the on-lookers, ignorant of the danger, may attribute the loss of the patient to the surgeon and his catheter, and the surgeon's credit, dear to him as his life, be gone. Therefore with regard to prostatic catheterism it is incumbent on us to act from the very outset cautiously and judiciously that no one may have occasion to reproach us.

What is it, it may well be asked, that makes catheterism in these cases so fraught with danger at times. The reason is that it may be followed by fever of varying intensity. In one case slight, in another serious or even fatal. This causes us to further inquire, What is the cause of this fever that may be so serious? so that we may try and prevent it or lessen its severity. The starting-point of irritation being the catheter, some have ascribed it to septic invasion of the kidney, due to the introduction from without of septic matter on the instrument. That this can and does happen I firmly believe. I like to carry it always in mind, and by my actions eliminate it as a cause, but that it is frequently a cause, I do not think.

Of course, if the urethra be torn or injured by the introduction of instruments, absorption of septic products might, and probably would, result in fever, just as a breach of surface anywhere in the body; but we know that this fever may follow the most skilful catheterism conducted with the most strict antiseptic precautions. The theory advanced, that this is due to absorption of urine, through the injured mucous membrane of the urethra, is not tenable either, except in the rarest of instances.

The most probable explanation is, that the fever is the result of shock to the sensitive excretory apparatus of the kidney through the nervous system. That the connection between the genito-urinary organs, and the cerebro-spinal and sympathetic nervous systems is extremely close, can readily be illustrated in cases where the shock of an instrument passed is sufficient to cause complete suppression of urine, even for 24 hours.

In many cases the shock to the kidneys is withstood, the resulting constitutional disturbance overcome, and the patient after a time recovers. In all cases, probably, this is the result where the kidneys are healthy at the time