

smaller quantity ; and you are entitled to ask me—indeed, I expect you to do so,—“What is the point in regard to quantity at which the line is to be drawn? When can I say, With this quantity a catheter is quite unnecessary ; or, With such a quantity there is no doubt it must be used?” No answer can be given to such a question. The data from which to form a correct judgment are not contained within the terms of the proposition. Other facts are to be ascertained. I have heard it laid down, indeed, as an axiom, that so long as the urine is clear, no matter what the quantity retained, no instrument ought to be employed. A certain amount of *a priori* reasoning may be urged in behalf of such a rule, but it will not bear the test of large experience. The problem presented for solution in this, as in most other cases where surgical interference is imminent, is far too complex to be solved by one unvarying rule. Like the statement respecting quantity referred to above, the single fact that the urine is clear does not suffice to govern your decision. A large quantity of residual urine, much more than a pint, may exist, clear and acid in certain cases, but which, as we shall hereafter learn, ought certainly to be drawn off by catheter.

But let us see what this rule of never withdrawing the urine while it is clear means or involves. It means neither more nor less than waiting for the occurrence of chronic cystitis before we use an instrument ! No other inference is possible. And why should we wait for chronic cystitis?—a condition which of all others it is highly desirable to avoid in an old and already incompetent bladder, leading, as such an affection naturally does, to thickening of tissues and loss of extensibility on the part of the organ. Is it not, on the contrary, the very condition we desire to avoid, and do mostly avoid, by commencing the use of the catheter at a sufficiently early period ? Of course I know full well that in past days, when catheterism necessarily meant the use of the large metallic instrument, often painfully passed, to say the least, chronic cystitis was an ordinary and frequent result of catheterism. But it rarely is so now, with the soft and flexible instrument of moderate size, if only it is used at an early period in the case, and before considerable accumulation

has taken place ; the removal of a large quantity being mostly, I do not say invariably, followed by local and general disturbance. For it is not very common to find a patient whose residual urine has, from neglect of catheterism at an early period, reached the quantity of twenty ounces or more, who does not suffer somewhat severely from both chronic cystitis with purulent urine, and febrile attacks with resulting debility, whenever the daily use of the catheter has to be commenced. Furthermore, at this advanced stage of chronic retention, a slight accident of some kind readily occasions complete retention, or nearly so ; and then it is no longer a question of using or not using the instrument, since the condition is now one which imperatively demands a catheter. In these last-named circumstances, chronic cystitis is almost sure to follow—an occurrence which most probably would not have happened had there been an earlier resort to the instrument. And so it happens, in the management of these cases of continued and chronic retention due to slowly advancing hypertrophy of the prostate, that the longer the use of the catheter is postponed after the early stage of the malady is passed, the worse will be the symptoms. And it happens also, unhappily, not seldom, that these serious symptoms following the use of the catheter bring undeserved discredit on the surgeon who first employs it—a discredit really attaching solely, and very gravely too, to the adviser who unwisely prevented an early resort to its aid. So that I beg you to understand that with a quantity of habitually retained urine amounting to eight or ten ounces, whether it be thick or clear, there is no question in a vast majority of cases that the time for the catheter, say, at least once, probably twice a day, has arrived.

But what other circumstance has also to be taken into account ? A very important one—viz., the frequency with which the patient passes urine, and which differs greatly in different cases. It is much more to the purpose for your decision to note whether the patient is disturbed six times in the night or only twice, than whether his urine is clear or cloudy, or even whether the residual urine amounts to four ounces or to twelve. If you find him