

cuīate diagnosis would be of most use is during the first twenty-four hours, as we could then treat the case in its true light from the very beginning, and before it has had time to make much headway. But so far, or rather until within a few years, we did not possess any means of making this accurate diagnosis, so that the safest thing we could do was to treat the case as diphtheria until we had proof to the contrary. Then, if the case terminated unfavorably we had nothing to reproach ourselves with, nor could we be reproached by the family for not having recognized the disease in time. On the other hand, if the case proved to be merely sore throat, a great deal of unnecessary alarm was caused, and the family was also put to much unnecessary expense and inconvenience owing to the mistaken diagnosis. In former years the error was unavoidable, simply because a positive diagnosis was impossible.

Now, however, all this is changed. Since the discovery of the bacillus of diphtheria a microscopical examination of the discharge from the throat enables us to say at the very outset and in the most positive manner whether the case is one of diphtheria or not. There is only one objection, though a rather serious one, that very few general practitioners are able to make such an examination, while the few bacteriologists at our disposal are too busy earning their living in general practice or in teaching to spare the necessary time for this work, while from want of organization too much time lapses before the result of their investigation reaches the family doctor. Even these objections have now been disposed of in New York. The Board of Health of that great city, with an enterprise and liberality which should be imitated by every great city in the world, has undertaken to have this important work performed for the practitioner in the most scientific manner and free of charge. All that the family physician has to do is to remove from the affected surface, by means of a cotton swab, material which he is to place on a culture medium provided by the Board, and send it to any one of a large number of conveniently situated designated depositories, one of which is the Board's own laboratory. Within twenty-four hours, or earlier, if he will telephone, he is informed of the Board's

bacteriological examination, when he can at once isolate the patient and take all the other precautions necessary for prophylaxis and cure. The wisdom and economy of this step must commend themselves so forcibly to the Boards of Health of Montreal, Toronto and the principal other cities of Canada, that we may look forward almost with certainty to seeing in the near future a bacteriologist appointed to each of these Boards of Health, and the same facilities for the early recognition of diphtheria offered to the practitioners of the cities of Canada as have been placed at the disposal of the physicians of New York.

### PROSTATIC HYPERTROPHY.

This is a subject which from a very early period of surgical literature has excited a great deal of interest. Desault in 1813, Home 1818, Wilson 1821, Sir Astley Cooper in 1824, Amussat in 1832, Mercier in 1841, Civiale in 1858, and Gross in 1855, and a host of modern writers, have written extensively on enlargement of the prostate. Until recently, however, no one seems to have had very clear ideas as to the cause and nature of the disease. And yet if we examine into the anatomy and physiology of the organ we shall have but little difficulty in understanding the etiology and pathology. It must be distinctly understood that although the prostate is situated in the neighborhood of the bladder, it has nothing whatever to do with the urinary apparatus. It is true that its peculiar situation around the outlet of the bladder causes hypertrophy of the prostate to interfere with the emptying of the viscus, yet this is merely an accident of locality; the prostate is a gland belonging distinctly to the sexual apparatus, apart from which it has no function whatever. This is clearly demonstrated by its atrophy in eunuchs and geldings, and its comparatively small size prior to puberty. It is composed of three elements; first and most important, it consists of a bunch or series of bunches of acinous glands held together by a network of fibrous tissue and surrounded by bundles of muscular fibres. Of these the most essential elements are, of course, the glands to manufacture the secretion, and the muscles to expel it.

Over stimulation of the organ either by gratified or still more by ungratified sexual