

gree which has been mentioned, there are certain complications requiring attention :

*1st.—Atony of Muscular Coat of Bladder.*—This is usually relieved in part by the regular use of the catheter. Other means may be of service. Cold applications over the abdomen twice a day. Cold injections into the bladder every day, or every other day. Electricity, strychnia, iron, ergot.

*2nd.—Chronic Cystitis.*—This is indicated by frequent and painful micturition, with pus and mucus in the urine. Relief is often afforded by washing out the bladder with warm water—100° Fahrenheit. The water may be introduced into the bladder by an India-rubber bag with a nozzle adapted to the catheter, or with a fountain syringe. But a more convenient instrument for the purpose is a hard rubber syringe, which has been constructed under my direction by Tiemann & Co., of New York, and which is known as Post's Vesical Syringe. It holds four ounces, and is of such a shape that it can easily be worked with one hand. Its distal extremity is adapted to a moveable tube, provided with a stop-cock, and tapering from a circumference of 30 mm. at the base to 10 mm. at the apex, so that it will fit a catheter of any size in ordinary use. Both ends of the syringe can be unscrewed, so that either end of the piston can be renewed by the surgeon without the aid of an instrument maker.

After the bladder has been washed out with warm water, mild astringent injections may be employed, such as mineral acids largely diluted; weak solutions of acetate of lead, nitrate of silver, etc. Hot hip-baths may often be used with advantage: also, hot fomentations over the abdomen. Counter-irritants are sometimes useful, as sinapisms and blisters. I have seen very great benefit resulting from the use of the actual cautery in the hypogastric region. Leeches may often be applied with great advantage, to the perineum or around the anus.

Internal remedies are often of service, such as diosma crenata, pareira brava, uva ursi, triticum repens, copaiba, cubebs, ol. santal, demulcents. Gross recommends highly infus. uva ursi and hops. Alkalies often have a very soothing influence even when the vesical urine has an alkaline reaction.

*3rd.—Irritability of Bladder,* with frequent painful micturition. Opiate suppositories are often useful. Ext. belladonna or hyoscyamus may sometimes be combined with it. Opiates may also be given by the mouth. Chlorodyne has been given with advantage. When there is phosphatic deposit, inject the bladder with weak nitric acid once in a day or two—one or two minims to ʒ j: quantity ʒ ij to ʒ iv. A solution of acetate of lead, gr. j to iv, to an ounce of water,—when urine is fetid, carbolic acid 1 per cent.

In cases of vesical hæmaturia, gallic or tannic acid may be given internally, gr. v or vj, ter. in

die. Mineral acids. Ol. terebinth, x to xv, in emulsion. Sesquichloride of iron. When hemorrhage is alarming, a bladder filled with ice may be applied to the hypogastrium or perineum. Ice-water may be injected into the rectum, or ice suppositories may be used. A collection of blood in the bladder will often obstruct the eye of a catheter when the patient is in an erect posture; but when he assumes a supine position, the blood will gravitate towards the posterior part of the bladder, and the urine will flow through the catheter. The attempt to break up the clot is likely to cause fresh hemorrhage. When there is complete retention from a clot, and symptoms are urgent, Bigelow's or Otis' Evacuator may be employed. In extreme cases cystotomy may be resorted to.

Incontinence of urine may occur; this is usually an overflow from a distended bladder, but there may be inability of the bladder to retain more than a very small quantity of urine. In either case, an India-rubber receptacle may be worn.

There is often liability to congestion and inflammation from slight causes, as exposure to cold, riding on horseback, journeying, sexual excitement, alcoholic stimulants, etc., giving rise to fever, gastric disturbance, muco-purulent or bloody discharge. Relief is afforded by warmth, rest in bed, laxatives and anodynes. In such cases, there should be great gentleness in use of catheter,—leeches around anus, dry cupping in perineum.

*General Treatment of Patients with Enlarged Prostate.*—Carefully guard against catarrh, indigestion or constipation. Diet carefully regulated—avoid indigestible food. Alcoholic stimulants should be altogether avoided or their use carefully regulated. Warm clothing, dry feet, warm foot-baths and general baths. Muscular exercise should not be neglected, but it should not be carried to such an extent as to produce great fatigue. When the patient is tired, he should rest in a horizontal position; he should avoid despondency, and keep up his spirits by cheerful society, employment and recreation.

*Special Treatment of Enlarged Prostate.*—Medical treatment has not yielded very satisfactory results. Conium, different preparations of mercury and iodine, muriate of ammonia, and various mineral waters have been recommended, but none of these remedies seem to have exerted any remarkable influence in diminishing the bulk of the prostate, or in retarding the progress of the disease. The use of ergot by the stomach or by hypodermic injection has been recommended. Henry Morris, in a paper published in the *Lancet*, December, 22nd, 1883, states that he has seen great benefit from the use of ergot. Dr. Washington L. Atlee, in an article published in *N. O. Med. and Surg. Journal*, August, 1878, gives similar testimony. Under its use, several of his patients were able to dispense with the use of the catheter. He