The second cause of obstructed urinary outflow that I propose shortly to review is hypertrophy or enlargement of the prostate—that disease incidental to advanced age, the morbid anatomy of which is sufficiently precise, but the etiology of which is unknown, affecting as it does all sorts and conditions of men, from the judge on the bench to the coachman on the box.

It is important to make the diagnosis as early in this case as possible, and to relieve by mechanical means at an early period also. I do not think this is sufficiently appreciated. It is not usually done as early as it might be. Let me give a typical case of delay in the use of the catheter:

C. S. G., aged 68, particularly well made, healthy-looking man, consulted me for a pain in the eleventh interspace on left side, not far from the angle of ribs, and dribbling of water into his bed at night, generally between the hours of 5 and 6 a.m.; now and then in the day time into his trousers as well. Questioning revealed that during the day the calls to micturate were infrequent, but that he made water first thing on rising, after partially dressing again, and just after he was dressed, or three times in an hour, and a fair amount passed each time. The stream was normal in calibre, but not well projected, and towards the end dribbled a good deal. Chemical and microscopic examination of urine revealed nothing except that urine was rather light coloured and of low specific gravity. He had quite distinct fulness and dulness in the hypogastric region; advised to have a catheter passed to relieve the bladder, but the idea was very distasteful to him, and he declined to allow its use, preferring to go to England and seek advice there. He first of all consulted a homœopathist; he said he had many such cases, but six weeks' trial of the remedies of that school failed to in the least degree benefit his case. Another medical man said, "I'll take the bow window off you," evidently thinking adipose tissue was the cause of the enlargement in the hypogastric region and not over-distension of the bladder. Another surgeon told him he had water in his bladder, and that he might require the use of a catheter. It was not until on board ship that he was persuaded by the ship's surgeon to allow a catheter to be passed, and though he went through a sharp attack of cystitis afterwards, and passed bloody urine even as dark as porter at first, he is now in good health, and for some years has passed water on every occasion only by the use of the catheter.

This condition of enlargement is to be suspected when the stream of urine becomes dribbling, and there is an obvious difficulty in emptying the bladder. Micturition especially frequent in the night or early morning, for it is after some hours of sleep or by taking of stimulating fluids freely that the frequent attempts to empty the bladder are made—perhaps a little pain before the act and none afterwards; no alteration in the character of the urine; no passing of blood. The diagnosis is completed by making the patient pass water before us. Then passing a catheter to ascertain how far the enlargement is a barrier to the exit of the urine for the quantity left behind, or residual urine at each act, determines the future treatment. One caution is necessary—it is often wise to ascertain a second time, by this passing of the urine, *ante oculo*, for the nervousness of the patient may produce a temporary inability to thoroughly micturate, and this gives us a false idea of his powers. If these symptoms are neglected or overlooked inconvenience follows, depending on over-distension of the bladder, and later on, from the same cause, cystitis, dilated bladder and ureters, and important renal changes.

Mere size of the gland is not of much assistance in diagnosis, for so long as the prostatic urethra is not encroached upon, the gland may assume considerable proportions by enlargement of the lateral lobes; while if the so-called middle lobe be only slightly enlarged, difficulty in micturition is sure to result, even if the enlargement is so small as to be undetectable by the surgeon per rectum.

It is useful to feel the gland per rectum in all cases to ascertain its size and general condition, which can easily be made out by the finger above and on each side; but I do not think anything is to be gained by introducing short-beaked metal sounds down the urethra and endeavouring to measure the amount of enlargement, and there is a decided objection to their use. Our diagnosis of hypertrophy being