

colored female. I can find no statistics to verify my report.

Distortion and elongation of the prostatic urethra, decrease in its calibre, elevation of the vesico-urethral orifice, and increased venous stasis, are some of the primary pathological conditions in hypertrophy of the prostate, and as a result of these we find decrease in the expulsive power of the bladder, residual urine, slight catarrhal inflammation of the bladder, with a frequency of urination, and later, after a few years, there is formed: 1st, Dilatation of the bladder, with increased residual urine; 2nd, Hypertrophy of the muscular coat and development of muscular bands and intervening sacculations; 3rd, Dilatation of ureters and pelves of the kidneys and stagnation of urine in them; 4th, Ammoniacal fermentation of urine and general congestion of the entire urinary tract; 5th, Septic inflammation, extending to the kidneys; and, 6th, Death from uræmia, induced by rough handling of uncleanly instruments, where there has been retention and general congestion.

The symptoms of this complaint vary with the extent of the disease. Among the earliest are feebleness in starting the stream, undue frequent nightly calls to pass water, and an irritable bladder, with a mild form of uræmia with its accompanying indigestion, nausea, loss of appetite and polyuria, sometimes called diabetes insipidus to cover ignorance.

The diagnosis of prostatic hypertrophy is comparatively an easy matter, with these symptoms before us.

The surgeon's forefinger, well oiled and gently introduced into the rectum, comes in contact with the prostate on the anterior rectal wall. Here examine carefully its size, contour, firmness, and regularity of surface. Undue deviation in size, firmness, etc., is an indication of the existence of prostatic disease.

But dependence on the rectal surface alone is unreliable, although an adjuvant, as it is the vesical surface that provokes the vesical symptoms. In addition to the symptoms given above, the skilful manipulation of the sound, assisted by the finger in the rectum, noticing the direction the point of the sound takes, the mobility of the point in the prostatic urethra and ease with which it is introduced, will greatly aid us in our diagnosis. Then further search for residual urine by means of a catheter, which, if found, will confirm our diagnosis. The cystoscope is of little use in diagnosis, on account of our inability to pass it through the distorted urethra.

Now exclude urethral stricture, cancer of the prostate, calculus, tuberculosis, degeneration and sclerosis of the bladder-wall, and our diagnosis is complete.

The prognosis in prostatic hypertrophy under

the ordinary means of treatment is unfavorable, and the disease can only be palliated and symptoms treated; but since the introduction of the operation of castration for its relief, our prognosis is more favorable. No routine treatment can be prescribed, the requirements varying with each case. Our resources for meeting the needs of different cases may be either palliative (medical) or surgical, or both.

*Palliative or Medical.* — 1st. Relieving the venous stasis of the prostate and bladder by proper diet and proper exercise, massage of the prostate *per rectum*, assisted by a sound to the urethra and complete evacuation of the bladder by means of a clean catheter every ten to twelve hours as the case may require; while internally, laxatives, ergotine, and strychnine are certainly useful.

2nd. Where cystitis exists, daily irrigation of the bladder and prostatic urethra with a solution of permanganate of potassium, 1-5000, 1-3000, 1-2000, allowing three ounces to remain in the bladder for an hour or longer.

3rd. Where there is distortion and elongation of the prostatic urethra from bilateral hypertrophy, large sounds or special dilators will aid in the treatment. But these should be used with caution, never forgetting that we are handling an old man, whose vital forces are on the decline and whose recuperative powers are not those of youth. The danger of provoking uræmia with the first use of the catheter or sound is not to be forgotten at any time. To combat septic inflammation in the bladder we have other means at hand; only the following may be mentioned, viz.: Hot water, nitrate of silver, bichloride of mercury 1-1000, boroglyceride, besides the one mentioned above.

Like many other pathological conditions, prostatic hypertrophy has called forth the ingenuity of surgeons, by which a number of surgical procedures have been devised to accomplish some relief for suffering senility.

The severity and danger of some operations have been sufficient to condemn them, while the objection to emasculation has caused many patients to reject the requests of their physicians, they preferring to continue in their suffering rather than submit to the operation.

Prostatectomy, both by the perineal and suprapubic methods, was for a time recommended by the profession, but the difficulties encountered in their performance, the danger of hæmorrhage, which cannot be controlled during the operation, the high mortality and the prolonged anæsthesia which is necessary, have been sufficient to cause surgeons to drop them for more rational means. By means of the combined suprapubic and perineal method the circumscribed tumors are more easily enucleated, but it is an operation of gravity