

(5) Patients who from time to time have had retention of urine, which was relieved by the catheter, but who have not employed this instrument as a routine practice to empty the bladder daily.

(6) Patients who for weeks, months, or even years, have employed the catheter daily, once, twice or oftener for emptying the bladder, but who still retain the power of passing a certain quantity of urine naturally.

(7) Those entirely dependent on the catheter for emptying the bladder. In the advanced stages of the disease patients of this type rarely escape from recurrent attacks of one or more of the following complications, viz., cystitis, pyelitis, hemorrhage, vesical calculus, recurrent attacks of fever with rigors, and difficulty in introducing the catheter.

In the first of these types it will, as a rule, be unnecessary and inadvisable to attempt the removal of the prostate: because in the first place the symptoms will probably not be sufficiently irksome to warrant such an operation, and, secondly, the enlargement of the organ will not have sufficiently advanced to render it prominent in the bladder, or to define adequately the lines of cleavage between the true capsule and the enveloping sheath. But in one and all of the other types the removal of the prostate should be entertained and advocated if, on examination, it presents those characteristics—to be presently described—that render its enucleation entire in its capsule practicable, there being no condition of the general health of the patient to negative an operation of this magnitude.

Freyer says: "I cannot too strongly urge early removal of the prostate when there is decided enlargement of this organ, giving rise to urgent symptoms necessitating the employment of the catheter, before grave complications supervene. When undertaken whilst the patient's general health is sound and the kidneys are unaffected there is practically no danger attaching to the operation in experienced hands. But when once complications set in, and particularly when the kidneys become diseased, whether through backward pressure of the urine on these organs or from extension upward of inflammation from the bladder, the operation must necessarily be attended by considerable risk.

Another grave danger attached to postponement of operation is this, that recent experience has demonstrated beyond doubt that the adenomatosly enlarged prostate, which is, of course, a benign growth, has a tendency to assume a cancerous type under the irritating influence of the catheter and complications incidental to catheter life."

In order to ascertain whether the prostate is capable of being enucleated entire in its capsule, the patient, if capable of passing