

*Diagnosis.* Ordinary hypertrophy of the prostate is easily recognized by rectal examination. When the hypertrophy is intravesical, no reliance should be placed on such examination, because there may be a large growth in the bladder, yet by the fingers in the rectum no enlargement of the prostate can be recognized. In these cases, in addition to the ordinary symptoms of cystitis, some residual urine will always be found in the bladder. On using the catheter, it will be found that a longer instrument is required. Failure to relieve retention sometimes arises from the use of a catheter which does not reach the bladder cavity. Buckston Brown says: "If the urethra is nine inches long or more, and if not much enlargement can be felt by rectum, there is almost sure to be intravesical hypertrophy."

The absence of evidence of tubercle in any other organ in the body will add probability that the prostatic enlargement is not due to tubercular disease, and the history, often showing a duration of six, eight, or ten years, will aid in excluding cancer.

*Method of operation.* The suprapubic method of opening the bladder in order to remove prostatic obstruction was very ably commended to the attention of surgeons in several articles by the late Mr. McGill, of Leeds. It was largely due to his advocacy that it was so generally adopted, though Belfield, of Chicago, was the first surgeon who removed, in 1886, a portion of the prostate by this method. Jessop, Atkinson, Harrison, Mayo Robson, Teale, Buckston Brown, Bennett May, McEwen, Manseil Moullin, Bruce Clarke, Jordan Lloyd, Belfield, and Keyes have placed themselves on record as favoring this method. The list does not include the illustrious Sir Henry Thompson, from whose writings I quote the following: "I am entitled to require that if it does happen or has happened to any surgeon to divide or remove any part of the enlarged prostate for a patient who had previously been compelled to pass all his urine by catheter, say, for a period of twelve months, and after the division in question he was enabled to dispense with the instrument, or at any rate to pass, say, half his urine by natural effort, the case should be seen and examined by others. I have long wished to see this sight, and have travelled considerable distances, abroad and elsewhere, expressly seeking it, but so far without success." Thus implying, in the strongest words, his disbelief that any operation on the enlarged prostate could restore the natural bladder function to a patient who had been dependent on the catheter for a year or longer. In answer to this wholesale skepticism of the work of other surgeons, Buckston Brown furnishes the full history of a man who had passed all his urine by catheter for ten years, and who was in a position months after the operation to say that he voided all his urine naturally, and could retain it for six or eight hours. So many similar cases have been placed on record