

prostate where a person has to get up half a dozen times a night and where, as the old saying has it, the water is hard to turn on and harder still to turn off, then I think it is time to interfere surgically. Many cases get up at night two or three times for years and it does not bother them, but when catheter life is demanded it is a very serious condition. I operated on a case last year where a man had used the catheter for 40 years, and he was nearly 80. I found he had a huge cancer excavating the posterior wall of the prostate and bladder. He died. The diverticulum case mentioned by Dr. Garrow is most interesting. There is a specimen in the pathological Museum of the McGill Medical Faculty of a small diverticulum of the bladder but nothing so large as this one would indicate. I reported a case some time ago of stone which I removed from a man 84 years of age. He was treated for enlarged prostate for years and also suffered from periodical attacks of cystitis. He had to get up in the night 5 or 6 times and in day time was not much better. On examining him and passing a sound I came upon a very large stone, after the removal of which he has had no further trouble.

J. M. ELDER, M.D.: Dr. Garrow in his paper stated that he had not had much success with the cystoscope. When I was last in London I made it my business to attend the clinics at St. Peter's hospital, especially those given by Mr. R. Harrison and Mr. P. J. Freyer, and while there what struck me was that the future of operations on the prostate would depend very largely on ability or otherwise of the operator to use the cystoscope; and I am more than ever convinced of that by my own limited work since. I had read Freyer's papers, and he gave me the impression that he had operated on pretty near all the prostates he came across and had got these wonderful results. But I found that at the clinic at St. Peter's Hospital out of a total of say 100 who were examined complaining of difficulty in micturition, one would be operated upon by him for enlarged prostate. I found that practically what he was doing was picking out the cases of adenoma of the prostate, very analogous to the condition found in other, and simply removing this tumour from the gland—a very different thing from excising the whole gland. The other cases of enlarged prostate were told to use a catheter. Again, out of 100, three were found to have cancer and were very properly excluded, and not operated upon at all, and this condition was demonstrated by the use of the cystoscope. I am therefore fairly convinced that the correct use of the cystoscope is the future guide to the operation. Most of the cystoscopes we have here are combined instruments, and are faulty. They use an instrument merely to give a good view of the field, and at the same time get in-