

but the case throughout was obscure and the symptoms equivocal. On admission, he had a train of symptoms indicative of great constitutional disturbance with excessive irritation of the urinary system and it was difficult to unravel the cause of his intense sufferings. Most of his symptoms arose from the state of the bladder; thus he had frequent and urgent desire to pass urine, painful micturition, and increase of pain after the evacuation of the bladder. Urine was passed in small quantities and either bloody or with a discharge of soapy mucus which soon subsided and occasional pus as proved microscopically. Urine very offensive at least after standing a short time, and it gave decided evidence of alkalinity. With these, was pain in the loins and in the groins, and subsequently a urinary abscess formed in the perinæum, through which pus and urine, mixed with the mucus of the bladder, passed. Then came an abscess in the scrotum which discharged and got well. During the progress of the case, which I regret to say, was from bad to worse, the man gradually emaciated and eventually sunk, dissolution being preceded by pain in the abdomen indicative of low peritonitis. Such is a brief review, I wish you to remember the signs while I tell you my reasons for believing that the case was all along one of scrofulous abscess in the prostate and first of the most prominent—excessive irritation of the bladder, &c. This might be due to stone in the bladder, but none was detected by the sound; this was one point gained, for it is very important to find out what a disease is *not* if you cannot find out what it is. As there was no stone, and as there was great pain passing the instrument over the prostate, I concluded this part was the seat of abscess most likely scrofulous, and this impression was confirmed by the progress of the case. I was further strengthened in this view by the recollection of a like case which occurred to me some time since. I was called to a gentleman with a swollen testis and excessive urinary irritation. One surgeon called it hydrocele, another stone, but the sound detected no stone, and I referred it to scrofulous abscess in the prostate. He died, worn out like our unfortunate patient, and the post mortem revealed the accuracy of my view. In our present case, the signs of this disease are unquestionably equivocal, and that similar symptoms may be due to other causes than the one in question, nay that nearly all the symptoms may be present and no disease exist at the neck of the bladder, for excessive irritation of the bladder, with pain in micturition, bloody and even purulent urine, may result from disease of the kidneys, and some of these may be due to acid urine. A scrofulous prostate is rare, and is met with usually where tuberculosis prevails throughout the urinary and genital system. In my article on the "Prostate," in the *Cyclopædia of Anatomy*, are a few cases from different authorities; in one, there were as many as 30 small abscesses, and as many crude tubercles in the prostate; the case is by Lallemand. We have no signs to tell the disease before the tubercles have softened and suppurated, and therefore, it is useless to speak of the treatment in the early stage, and even in the advanced, as in our case palliation to lull pain and means to sustain the general health are alone calculated to benefit. Here, however, various medicines were tried, but when the case was fairly made out, the latter solely were employed.

The post mortem is interesting as exemplifying an uncommon termination; thus you perceive that the immediate cause of death was peritonitis from the bursting of an abscess in the perineum through the perito-