

the name of *gland*. It contains, further, a small vesicle or uricle, at the mouth of which the ejaculatory ducts open, and which is believed to be the male homologue of the female uterus." *Dewitt*.

Besides the involuntary muscular tissue which enters into the composition of the prostate itself, the vessels of the gland have also in their coats the unstriped or involuntary muscular fibre. The same exists in the coats of the bladder in a very marked degree.

These involuntary muscular fibres are more or less extensible, and, when normally stretched, have an organic tendency to contract. This we see in the uterus, in the bladder, and in the diastole of the vascular system.

Now, these are the anatomical and physiological data on which I propose to base my treatment of enlarged prostate.

Let us further inquire into the pathological condition of this enlarged organ, and its consequent derangements:—

"The affection consists in a hypertrophy or enlargement of the natural muscular structure, and incidentally of the glandular. It may affect the whole organ, especially the lateral lobes, pretty uniformly, in which case the prostatic portion of the urethra is greatly lengthened; or it may affect one side more than the other, in which case the canal will be twisted; or it may affect the posterior median portion, which lies between the ejaculatory ducts, enlarging it into what is commonly called the *middle or third lobe*. . . Hypertrophy or derangement of the muscular fibres at and near the *trigone* may produce a transverse bar at the neck of the bladder. The enlargement, further, may be due to an increase of the organ generally; or to the development of one or many masses of fibrous tumour, exactly similar in structure to those connective masses of muscular fibre which are developed in the womb, and are commonly known as fibrous tumour." *Druitt*.

It is well known that in consequence of this enlargement of the prostate the accumulation of urine becomes excessive, the obstruction to its passage becomes serious, the coats of the bladder become enfeebled and semi-paralyzed, irritating deposits occur that are never voluntarily expelled, and that the catheter is the usual and only resource. Anything, therefore,

which is calculated to diminish the size of the prostate and increase the contractile power of the bladder will meet all the indications required.

Have we any agent in the *materia medica* possessing the power to act upon unstriped muscular fibre and cause it to contract? It is settled now, beyond contradiction, that we have such an agent in *ergot*, and that in all cases of relaxed or stretched involuntary muscular fibre this medicine will meet the requirements. Witness, for instance, its action upon the enlarged uterus, the distended bladder, in hæmorrhages, in congestion of the capillaries, etc. It is calculated not only to contract the muscular fibre of the prostate, but also its capillary vessels primarily, and also secondarily, as a consequence of muscular contraction, and thus diminish the size as well as the nutrition of the gland. It is likely to accomplish this not only in mere hypertrophy, but also in enlargement from myomatous growths, in the same way as it does in fibroids of the uterus. At the same time that the size of the organ would be lessened and the mechanical obstruction be removed, the power of the bladder would be augmented by the same agent, and the urine is thus expelled without the aid of the catheter.

I may reduce these views to the three following propositions:—

1. That the prostate and its vessels are possessed of unstriped muscular fibre.
2. That the bladder is a hollow organ, with an involuntary muscular coat.
3. That ergot will contract unstriped or involuntary muscular tissue, as it does in the uterus.

Therefore, as a corollary, ergot ought to be a remedy for enlarged prostate and its effects.

This was the theory on which I based the practice, and whether the rationale is correct or not, my experience in the use of ergot in such cases had been most satisfactory. Several patients over sixty years of age have been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, my rule is first to relieve the bladder by means of the catheter, and follow this immediately by ordering twenty drops of