

Society Reports.

Toronto Clinical Society.

President, Dr. GRAHAM, in the Chair.

THE regular meeting, December 11th, 1895.

Orchidectomy.—Dr. E. E. KING presented a paper on Orchidectomy in Enlarged Prostate. The reader said that he had operated on five cases. The first case died from pneumonia on the third day. In the second case there was improvement within twenty-four hours, which continued. The third case recovered. The fourth he would refer to later in the paper. The fifth underwent removal of a portion of the vas deferens and was doing well. He said no satisfactory explanation had been given as to why this operation benefited these cases, but statistics proved that it did. As to the removal of a portion of the vas, in one of his cases it had proved satisfactory, but in the other the result remained to be seen. The reader then gave a description of the structure and the functions of the prostate. He discussed the various theories that are and have been held as to the causation of enlargement of the prostate.

Case 4. Patient aged sixty-five. Second wife living. Well until five years ago. At that time he began to suffer severe pain in both testicles when the bladder was distended. It disappeared after micturition. It was especially troublesome at night. The urine flowed copiously at intervals. Was treated by a physician for a time for diabetes, although he was not told that there was any sugar in the urine. He suffered from constipation and had attacks of nausea. The urine passed invariably after the bowels would move. About two years ago he began to suffer from pain in the end of the penis and over the pubic region. There was a stinging pain at the neck of the bladder, at the end of micturition, for three or four minutes. Never suffered from retention. Could not retain more than half an ounce frequently. The patient was referred to Dr. King in September, 1895. There was no odor to the urine, and the amount of residual urine was small. Water was drawn when the catheter was introduced $10\frac{1}{2}$ inches. He advised removal of a section of the vas. Removed $2\frac{1}{2}$ inches from each vas. The portions removed were examined and their patency demonstrated. Patient was not allowed to urinate for two days; following this he urinated every three or four