

diminished in quantity, but otherwise normal. His pain had been so severe that morphine had been necessary to relieve it. His bowels had not moved for three weeks, and only imperfectly then, although various aperients had been tried. He vomited whatever he swallowed, suffered intense thirst and had been nourished wholly by enemata of peptonized milk. The great distension of the abdomen with gas obscured the condition of the viscera in that cavity. The thoracic organs were not diseased. His mind was unaffected and his family history was good. The treatment I adopted consisted of massage, especially of the abdomen, faradism, strychnine hypodermically, and the continued use of nutrient enemata. No improvement occurred, and at the end of two weeks he died. At the autopsy no evidence of a previous inflammation or of a former abscess could be detected, the small intestine was greatly distended with gas, but contained little else. The colon, which I here present, was full of curdled milk. The paralysis of the bowel seemed to be confined to the colon, as borborygmi could be heard quite distinctly during life over the small intestine.

CASE 2.—In 1895 I was consulted by a gentleman who was suffering from enlarged prostate. He was 72 years old and very healthy in appearance. He was obliged to rise five or six times during the night, and to pass urine about every hour during the daytime. The stream of urine was small, but although he had suffered for two or three years had never resorted to the use of a catheter. Thinking irrigation would be beneficial as the urine was loaded with pus and was strongly ammoniacal, I tried to pass a catheter, but to my great surprise found that no manoeuvre would enable me to get any kind of an instrument beyond the enlarged gland. I had heard the late Dr. Willard Parker say that where urine can pass, a catheter can be made to pass also, a saying that, with this single exception, I have found true. His condition became more and more distressing, and as he was unwilling to submit to castration, but was willing to have the vas deferens tied on each side, I performed the latter operation. This led to some improvement, and after six months I was able to pass a small silver catheter and to wash out the bladder with boracic acid solution. Each time this was done he had a chill and fever and I was obliged to abandon it on that account. After this the pus became very abundant so as to render the urine quite opaque, and the desire to urinate became as troublesome as ever. I now began the administration of urotropin in doses of seven grains twice a day in a tumbler of hot water. The effect was most surprising. After the fourth dose the urine began to clear, the call to urinate was less urgent and less frequent, and in less than a week there was almost no pus in the urine and he required to rise only once during the night. He now says he feels as well as ever, but he still takes one dose of the urotropin daily. I am unable to say how permanent the cure is, but the relief was so prompt and so complete that I have tried the remedy in several cases of suppurative cystitis since, and its action has been similarly beneficial. I have castrated a number of patients for enlargement of the prostate and have tied the spermatic cord several times for the same affection, but have not had as good results as some surgeons. In two cases the mental faculties became impaired some weeks after the testicles were removed. I believe the testicles like the thyroid and some other glands, influence nutrition, and that their removal may be injurious in ways not fully understood yet.

CASE 3.—Five tubal pregnancies have come under my observation within the past nine years, and I am of the opinion that these cases are more common than is generally supposed. Careful examination should generally reveal the nature of the ailment, and of course render a favorable termination