

times there was absolute obstruction, and for some months he had occasional recourse to a catheter. Eventually he found it impossible to pass the instrument, and at this time I was first called in attendance. I found him in the greatest agony, bleeding freely from the urethra and straining ineffectually to pass urine. On enquiry I found that for two or three weeks he had drawn blood at each attempt to pass the catheter, and just previous to my arrival quite a free urethral hemorrhage had followed the introduction of the instrument. I gave him a quarter of a grain of morphia hypodermically, and after some difficulty managed to pass a small-sized silver catheter; about six ounces of foul offensive urine came away. Several false passages had been formed and despite the utmost caution in passing the catheter, pure blood ran through the lumen in alarming quantities. The next day he was removed to the hospital, and during the following two weeks his bladder was irrigated twice daily; this, combined with good-sized doses of strychnia and urotropin, appeared to add to his power of expulsion, and for the next four months he managed to urinate with varying success—occasionally passing the catheter, but each time inducing a free hemorrhage. On the night of Nov. 18th I was hastily sent for and again found him in the greatest distress; he hadn't urinated for nearly eight hours, bleeding from the meatus seemed to be even more free than usual, and on introducing the catheter far back into the urethra, it ran out into numerous false passages. I temporarily relieved him with morphia, aspirated the bladder suprapublically in the morning and again sent him into the hospital. A rectal examination revealed a general enlargement of the prostate, both lobes being quite firm and hard, and the left one quite painful. The hardness of the lobes did not justify the hope that double vasectomy might be of service, and so the patient was prepared for a suprapubic operation. The profuseness of the hemorrhage led me to suspect the possibility of malignant disease near the base of the bladder, but fortunately such was not the case.

With Dr. Boucher assisting and Dr. McGrath giving the anaesthetic, a steel catheter was inserted with difficulty, the bladder well distended with boracic lotion and opened suprapublically. Both lateral lobes bulged well into the bladder, their adjacent surfaces being in close coaptation. There was no indication of a middle lobe. It has been generally held that obstruction in these cases is due to the enlarged middle lobe producing a block at the internal orifice, but in this instance such was not the condition, the lateral lobes being the sole cause of the urinary distress. About two quarts of hot boracic lotion was allowed to flow through the catheter and