

The case was of interest (a) from the difficulty of diagnosis (b) the age of the patient, and (c) from the extraordinary structure of the tumour. The hour was too late to admit of much discussion.

STATED MEETING DEC. 6th, 1894.

At a previous meeting Dr. E. Farrell reported a case in which he performed prostatectomy. A report of the case will be found elsewhere,

During the discussion which followed Dr. L. M. Silver related the particulars of a case of prostatic difficulty where Dr. Farrell performed supra-pubic cystotomy. The results were very gratifying. Dr. Silver was asked to contribute at some future meeting a *resume* of recent contributions to the literature of the subject. His paper read at this meeting will be found on another page.

Dr. D. A. Campbell exhibited a specimen of diseased prostate and bladder.

A cone about the size of the top of the little finger projects from the median lobe of the prostate into the bladder directly in front of the orifice of the urethra. There is also a diverticular about the size of an orange on the posterior wall of bladder. The patient from whom the specimen had been obtained died of another cause, but had considerable prostatic trouble for years.

Dr. Farrell said that he had listened with great pleasure to Dr. Silver's paper as he had so recently reported a case of prostatectomy we therefore had the history of two cases together, with the statistics submitted by Dr. Silver. It seemed clear to him that the supra-pubic operation was all that was required, not only leading to comparative comfort, but affording in some instances a chance of cure. Prostatectomy, if such results are obtainable should only be performed under very exceptional circumstances.

In the case related by Dr. Silver a purulent cystitis existed at the time of the operation, which gradually dis-

appeared as soon as the urine was afforded speedy and complete exit, and notwithstanding the free entrance of air and the constant presence of an instrument. The case was to him an object lesson in respect to the relations between catheterism and purulent cystitis. Aseptic catheters should be used in all cases, but especially so in cases where the existence of residual urine is suspected.

Dr. A. R. Reid thought that catheterization should be given a long and faithful trial before any operative procedure is thought of. He cited a number of striking instances to support this opinion. In reference to supra-pubic cystotomy, he said that it gave him more than usual pleasure to hear that this operation was so very generally endorsed. He cited a case which he had reported at the old Halifax Medical Society, twenty-five years ago. A boy by an accident lacerated the perineum and urethra so badly that he was unable to pass any water or be relieved by an instrument. After consultation with Dr. W. J. Almon, he performed supra-pubic cystotomy by which drainage was obtained until the urethra was repaired. An excellent result was obtained. When the case was reported, the operation was universally condemned by his colleagues.

Dr. D. A. Campbell cited some statistics recently published by Prof. Poncet of Lyon's, an enthusiast, in favour of the supra-pubic operation.

He has performed supra-pubic cystotomy 63 times during past five years for postatic difficulty.

He divides his cases into two groups:

1. Prostatic disease leading to retention, but urine aseptic.
2. Septic cases.

In aseptic cases he has operated 21 times with no fatality.

The septic cases 43 in number, he subdivides into three groups.

1. Cases complicated with acute super-acute-septicaemia, six operations, all fatal.