

ed the hospital on July 8th, 1897, under Dr. A. J. Macdonell. His first urinary troubles began with an attack of retention five years before, and similar attacks have marked the history of the case ever since. Frequency of micturition soon appeared, and was followed by all the distressing symptoms of prostatic hypertrophy, with accompanying cystitis. When he entered the hospital he was compelled to urinate every twenty or thirty minutes. Catheterization showed a large quantity of residual urine, but unfortunately no note of the amount was made. On July 13th Dr. Macdonnell removed the left testicle and excised two inches of the right vas deferens. The improvement was slow, but the catheter had to be used less and less frequently up to the time he left the hospital on August 13th. On August 21st he re-visited the hospital and stated that he only passed urine every four hours and felt twenty years younger. He re-entered the hospital on Nov. 8th and reported that he had remained well until six weeks before, when the old pain, tenesmus and frequent desire returned. On Nov. 11th Dr. Chown did a supra-pubic prostatectomy. The lateral lobes were greatly hypertrophied, the masses removed measuring not less than  $1\frac{1}{2}$  inches in diameter. The posterior lobe was normal. The bleeding was pretty free, and continued moderately for twenty-four hours. As the edges of the incision in the bladder were turned in and sutured, except for a small central drainage opening, the healing has been rapid and the patient can now pass urine naturally and with pain.

Case III.—T. M., aged 60, a farmer, was seized early in October, 1897, with an attack of retention of urine. An enlarged prostate was recognized as the cause, and a suprapubic opening made in his bladder, but no effort made to remove the enlargement. He entered the hospital on Nov. 19th, suffering from a fistulous opening, through which all his urine passed. This kept him in such a wretched state that he was anxious for relief. The opening was

enlarged and the posterior lobe of the prostate found very much hypertrophied, while the lateral lobes had escaped. The difficulty of removal in this case was much greater than in the other two, as only a portion of the outgrowth came away at the first effort. The balance had to be slowly enucleated by fingers and scissors, and the hemorrhage was consequently pretty free. The patient is now progressing very favorably, but sufficient time has not elapsed to state the final result.

Notes.—These three cases were submitted to the great risks of prostatectomy on what were believed to be justifiable grounds. In the first case, unilateral castration produced no favorable result, and the presence of stone in addition to the hypertrophy precluded any satisfactory progress, even if the other testicle had been sacrificed. Stone had been repeatedly sought, but without success, because of its encystment behind the enlarged posterior lobe. In the second case castration and excision of the vas undoubtedly gave great relief for about six weeks, but the cause of the increased ease of micturition, as well as the cause of the return of the old symptoms, seem equally difficult of explanation. In the third case the cure of the urinary fistula seemed to depend upon the removal of the prostatic growth, though it is possible that double castration might have removed the cause, and thus produced a cure. In the first case all three lobes were enlarged; in the second the lateral ones, and in the third the posterior lobe only.

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### AUTOMATISM OF DRUNKARDS.

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Winnipeg General Hospital.

During a recent election in the city of Winnipeg an interesting case, from a medical point of view, of personation occurred which was disposed of in one of our courts, the prisoner being sent to the