

Great difficulty was experienced in catheterization, owing to obstruction in the prostatic urethra; nothing, as a rule, but a long, curved, silver catheter could be passed. Length of the urethra about eight and a half inches. There was a stricture of large calibre in the penile urethra, and one at the bulbomembranous junction, but it did not seem that they were responsible for any of his symptoms. An examination showed the lateral lobes moderately enlarged, the right a little more than the left. Small Van Buren's sounds were passed with difficulty.

Castration was accepted by the patient, and both testicles were removed February 24, 1895. He had been suffering from catheter-fever prior to operation. Highest temperature after operation, 101.4° F.; normal after third day. The catheter was passed every four or five hours to prevent soiling of the dressings. The house-surgeon found catheterization more easy each day, and soon was able to use a soft-rubber instrument. There was no pain whatever as a result of operation. The second day after operation he voided twelve ounces of urine voluntarily at different times during the day, and, while there was no noticeable increase in the volume of the stream, there was a marked diminution in the straining to which he had been so long subject.

The third night after operation catheterization was neglected, and he had some overflow. The following morning eight ounces were withdrawn, and during that day he passed it without assistance. Six days after operation the amount of residual urine had fallen to a half ounce. The day following there was none. At times, however, during the following week there would be more or less residual urine present.

On March 17th, eighteen days after operation, the first appreciable diminution in the lateral lobes was noticed, but that of the median portion was most marked, a sound passing into the bladder as though the former obstruction had been largely removed.

After going several days without catheterization, five ounces of residual urine were found, showing an atonic bladder.

On April 5th continuous improvement in his local symptoms could be noted. He felt as if his urine passed naturally, and had no straining whatever. Residual urine was generally absent or present only in small amount—an ounce or less. He had, however, considerable of his former inability to retain urine when once the desire came to void it. The interval between the acts of micturition was growing longer—two hours, and at times three. Length of urethra seven and a half inches. Prostate as felt by the rectum much smaller, and a small-sized sound dropped into the bladder by its own weight.

CASE II.—Patient sixty-nine years of age; had had for the past nine years frequent urination associated with straining and pain during the act; has urinated every two hours during the night and every hour during the day for the most of the past two years; exceptionally only every three hours. Straining has been constant, and has become progressively worse. He had never had retention of urine, and gave no venereal history. Has during the past year been losing weight, and has suffered much from loss of sleep. Sexual desire has been practically absent for some time. The length of the urethra was nine inches, and the bladder contained four ounces of residual urine. There was moderate enlargement of the median portion of the pros-

tate; the lateral lobes were at least double their normal size, and symmetrical in outline.

During the four months before operation there was at times some improvement, but it would be only temporary. The quantity of residual urine was at times six or seven ounces, and on the whole he had become so much worse that he asked for relief by surgical means. During the week immediately preceding operation he suffered greatly from frequent and painful urination, some nights every fifteen to twenty minutes. This, with the consequent loss of rest, was the only apparent causes for his elevation of temperature, which ranged from 100° to 101° F. for three days prior to operation.

The urine in this case was always acid in reaction, and contained only a small amount of pus.

Operation, May 18, 1895; both testicles were removed, and were found to be far advanced in cystic degeneration. Neither shock nor pain followed. The patient's temperature fell next day to 99.4° F., and was normal after the third day. The day after operation he passed at 8.30 A.M. four and one-half ounces of urine, and the same amount at 10 and 11 o'clock. After this last micturition there were found to be three ounces of residual urine. During the four following days he continued to urinate with less pain, and at from one to three hour intervals.

On the fifth day he passed voluntarily at 7 A.M. five ounces of urine; at 10.30 A.M., seven ounces; at 1 P.M., five ounces; at 3 P.M., seven ounces. At this hour three ounces of residual urine were drawn. His bladder was emptied by catheter at 10 P.M., and he urinated only once between this time and 5 A.M. the following day.

The eighth day after operation the patient had improved greatly in appearance, and looked less careworn. He can see no change in the volume or force of the stream, but straining in voiding urine has diminished more than one-half. Three ounces of residual urine were withdrawn at 10 o'clock the previous night, and he slept till 3 A.M., five hours, and then again two hours. There is no change in the length of the urethra, but examination by the rectum shows marked diminution in the size of the right lobe and appreciable decrease in the left.

Eleven days after operation catheter passed at 11 P.M., and two and one-half ounces of residual urine were withdrawn. The patient did not pass water until 5 in the morning—a period of six hours—and not again until 9.30. During the day, when drinking freely, he urinates every two or three hours. The decreased size of the prostate at so early a date was a surprise, and the inequality of the two lateral lobes still more so. The author is quite sure such an inequality did not exist prior to operation, for he made several rectal examinations. He believes no further comment is required. The facts as stated speak for themselves.

A CONTRIBUTION TO THE STUDIES OF VESICAL MYOMA.

In a comprehensive and interesting article on this subject, TEBRIER and HARTMAN (*Rev. de Chir.*, March 10, 1895) say of intravesical myomas that their diagnosis is easy. They betray their presence by a combination of the ordinary symptoms of vesical neoplasms and the physical signs of a tumor

which recalls a uterine fibroma in all its characters of form and consistency. Hæmaturia is one of the most frequently observed symptoms; it was found wanting in but three cases out of eleven; its amount is variable. In general the hæmaturia is intermittent, often accompanied by clots which are sometimes the cause of retention; in many cases it has been noted that it follows intravesical examinations.

More often this hæmaturia is accompanied or followed by other complications—frequent urination, pressing and painful and sometimes difficult; some patients complain of perineal and hypogastric pressure.

Intravesical exploration, although in some cases giving no result except a return and increase in the amount of hæmaturia, permits usually the recognition of a tumor; in the other cases it is probably the volume and hardness of the tumor which make its recognition impossible.

Hypogastric palpation, the vaginal or rectal touch, and especially bimanual palpation, make possible a recognition of the form, volume, consistency, and mobility of the tumor. The tumors are round or lobulated, hard or soft. In combining bimanual palpation with the introduction of a vesical sound, it is very often possible to determine whether the vesical trigone is intact, the sound passing between the fingers and the tumor.

Treatment. Eccentric myomas follow the general rules of abdominal surgery. In the intravesical tumor the surgeon is guided by the practice habitual to the ablation of intravesical tumors.

The advantages of suprapubic cystotomy for vesical tumors, established by Professor Guyon for the removal of tumors of large volume from the bladder, are applicable to these tumors.

In voluminous tumors it is better, rather than to enlarge the abdominal wound, to remove the tumor piecemeal, beginning at its centre and progressing toward the periphery.

This is the practice of Neumenn, and one which the authors employed at the time of the removal of a recurrent tumor.

THE TREATMENT OF INFECTED WOUNDS BY WET DRESSING.

As far as we know at present, from experimentation and clinical observation, according to STEINMETZ (*Deutsche Zeit. für Chir.*, 1895, Band xli. Heft 1-3), the disinfection of wounds by antiseptics will not always protect the tissues from the spread of the infection. There is no doubt that antiseptic solutions employed in sufficient strength to destroy totally bacteria harm the tissue-cells, and thus hinder the healing process in the wound. The antiseptic dressings must be changed daily to prevent collections of purulent matter beneath them. The usefulness of these dressings is, therefore, at least doubtful and uncertain.

The author having observed an equally beneficial action from weak boric-acid moist dressings and those of 1:1000 bichloride solution, inferred that the action was due to the moist heat, and not to the antiseptic. His experimental studies bring him to the following conclusions: In wounds infected with staphylococci in dogs no beneficial effect is observable from the action of moist warmth; its action is rather harmful, since infection, if protected from further addition from without, has a tendency to become localized, to