the dark as to the remote functional results of prostatectomy. The published results generally refer to the condition of the patient as he leaves the surgeon's hands. Fistula and incontinence are untoward results which not unfrequently occur, and sometimes retention of urine if the removal has not been sufficiently radical; residual urine requiring catheterization is perhaps more common than we know of. Owing to the advanced age of these patients, the mortality rate from general causes is high, and the average duration of life is short.

Loss of sexual function is a common result which has not received much attention. It is pretty generally conceded, however, that it is almost impossible to remove the whole prostate without wounding the urethra, and it is pretty certain that in most cases the ejaculatory ducts cannot fail to be injured. The perineal operation, as performed by Dr. Young, of Baltimore, is probably less likely to injure the ejaculatory ducts than most of the others.

In conclusion, I would repeat that when operation is indicated, complete prostatectomy is to be preferred if the conditions admit of it; that each of the methods enumerated has its own special sphere of usefulness, and that when the patient's condition—of age and health—does not seem favorable for a complete operation partial prostatectomy or bladder-neck incision will often give excellent results.