of the dissection. Some fibres of the levator ani are necessarily cut, but care should be observed to preserve from injury as much as possible this important muscle.

In the depth of the incision the apex of the prostate is now identified, and it should be cleaned from its fascial investment by dissecting with blunt-pointed scissors. Proceeding upwards the vesicles are sought for on the posterior surface of the bladder. Their identification is greatly facilitated at this stage by slowly distending the bladder with a boracic acid solution, but it must not be forgotten that a distended bladder is much more easily injured than an empty one. Great assistance may be obtained by the finger in the rectum which has been disinfected and guarded by a sponge with tape attached passed up into the hollow of the sacrum. It is most important to remember that the vesiculæ have a close investment of fascia, and that this must be freely incised before they can be ex-cochleated. This perhaps is the most difficult part of the operation. An aneurysm needle with a stout silk thread attached may be passed around the vesicle just as it enters the prostate, and used to draw the parts down within reach. The enucleation must be done principally with the forefinger, and every care must be taken to avoid rupturing caseating or broken-down masses.

Having freed the vesicle, the smaller but firmer cord-like vas is sought a little nearer the middle line. When it is hooked down a clean dissection is made of its ensheathing fascia while gentle traction is made upon it. When quite separated from every vestige of clinging fascia it will be found easy to draw it down from the side of the pelvis, and in this way the whole of the long tortuous vas is drawn out of the inguinal canal, the completeness of its removal being verified by recognizing the obliquely cut stump which was left when the testicular portion was removed. Seizing the vesicle and the vas together, gentle traction is now made, while the common duct is followed into the prostate where it is divided a short distance from its termination in the prostatic urethra. The right vesicle and vas may be readily reached and similarly dealt with from the same incision.

If any tubercular nodules are recognized in the prostate, these may now be enucleated. If such have undergone caseation, they should be scraped out with a Volkmann's spoon and the cavity swabbed with pure carbolic acid.

The manner of closing the wound will depend upon the stage to which the disease in the vesicles has advanced. If caseating or suppurating foci have been unavoidably opened, it may be thought advisable to pack the whole cavity with iodoform gauze; if no such foci have been encountered, deep sutures may