

cured cases; in 12 of the 18 improved cases; in 1 where the urinary trouble returned in part. However, in 1 (52 years) there is no orgasm; in 1 there is no seminal discharge in spite of orgasm; in 1 intercourse is not interfered with after Bottini's operation, though both vasa deferentia were dissected 5 years ago; of course, ejaculation is missing.

The power of intercourse was more or less interfered with in 3 patients, viz., a man, 49 years old, is impotent since operation; he has emissions, though erection is absent. Another, 62 years old, had weak erection before operation; is worse since operation. A third, 71 years old, claims to have lost power of intercourse since operation. Thus Bottini's operation has produced impotence in 2 out of 23 cases, and increased a weakness existing prior to operation in one. In two other patients irregularities in the normal seminal discharge have appeared.

This question as to the power of intercourse should also be carefully noted when tabulating the late results of prostatectomy, a point which, as stated before, has thus far received but little attention. Loss of sexual power has certainly quite frequently been met with after enucleation of the gland, as it has been carried out by most surgeons so far.

CONCLUSIONS.

1. The operations making a direct attack upon the enlarged prostate gland are preferable to those aiming to exert an indirect influence.

2. We have two useful operative procedures for the direct treatment of the enlarged prostate, *i.e.*, prostatectomy and galvano-caustic prostatotomy (Bottini's operation).

3. In selecting the method indicated in the given case we must individualize and be guided by anatomic, pathologic and social conditions.

4. Perineal prostatectomy offers advantages over the suprapubic method, since it enables the operator to do the operation under the direct guidance of his eyes.

5. Prostatectomy is, of course, the most radical and most surgical procedure; it should be the operation of choice whenever promising success.

6. Debilitated patients, who seem unfit subjects for the more radical operation, should not be relegated to catheter life, nor should prostatectomy be performed in order "to let them down easy"; they should be advised to have Bottini's operation done.