

and slightly incised through its capsule. Now remove the sound and explore the bladder with the finger and determine the size and shape of the part to be removed. If a stone is present, remove it with stone forceps. Sym's rubber bag should now be introduced into the bladder and moderately distended with water and the stem clamped with forceps. Traction on the bag will now bring the gland within easy reach, and while the left hand retains it in this position, the right index finger can be insinuated between the gland and its capsule at the point where it has been divided, and by gentle means the whole gland, or one lobe of it, can be enucleated. During the enucleation of the deeper part, it facilitates the operation to seize the gland with lobe forceps and make moderate traction.

Having removed one lobe, the other is dealt with in the same way. Instead of cutting backward through the capsule when the urethra is opened, I have sometimes found it more convenient to snip the capsule of one lobe with scissors, enucleate it in the usual way, then deal with the opposite lobe in the same way. The bag may now be allowed to collapse by letting the water escape, when it can be easily withdrawn from the bladder, and all blood flushed out by hot saline or boracic acid solutions. There is not much hemorrhage if care be taken to avoid the plexus of veins in the capsule. In this operation the only muscle cut is the recto-urethralis, and so very little injury is done to the perineum. The superficial part of the wound may be closed anteriorly by cat-gut sutures. At first all the urine passes through the perineal wound, but this gradually closes, generally in from three to seven weeks. When there has been much cystitis the prolonged drainage through the perineum is advantageous. Before enucleation begins a bar can often be felt at the neck of the bladder between the lateral lobes, which disappears when these have been removed, which shows it to have been merely a ridge or normal tissue. Of course, if there be a middle lobe of gland tissue, it must be taken away also. This operation can be done quickly, generally in ten to fifteen minutes, and there is little hemorrhage and no shock. In this operation the ejaculatory ducts which open into the urethra just near the apex of the gland are usually injured or destroyed, but if the sexual function has disappeared this is immaterial. In younger men the injury to these ducts may be avoided by adopting a plan devised by Dr. Young, of Baltimore. This consists in making a small opening in the membranous urethra, without extending the cut backwards to the gland. A metal tractor, which was exhibited, is then introduced into the bladder