Choice of Operation.—Two definite and distinct plans of operation are generally employed, and a third which is a combination of these two has its merits. I mean, of course, suprapubic prostatectomy, perineal prostatectomy, and an operation in which both incisions are made, combining the methods of suprapubic prostatectomy and perineal prostatectomy. Each of these operations has its advantages, and perhaps time will show that each has also its specific indications. The suprapubic incision has the advantage of giving a more satisfactory examination of the bladder in which sacculi, papillomata, and ulceration of the mucous membrane may be more readily and clearly made out. The disadvantages are up-hill drainage and slow healing, and therefore prolonged convalescence. I have often added in suprapubic operations perineal incision as a last step in the operation in order to facilitate drainage and irrigation. The perineal operation has the advantage of dependent drainage, rapid healing and shortened convalescence, but does not give such facilities for bladder exploration.

The actual dissection for removal of the prostate is, perhaps, taking all cases as they come, as easy in one as the other.

The perineal operation with the retractors of Young, Ferguson and Sym, is becoming a favorite operation on this side of the Atlantic.

The combined operation recommended by Nicol and Alexander is specially adapted to some cases in which the prostate is not easily enucleated by either of the foregoing methods alone.

Results.—The immediate danger following prostatectomy is practically insignificant. Hemorrhage alone need be mentioned, but is very rarely serious or even very troublesome. There is, nevertheless, considerable mortality from more remote causes. Statistics are probably more than usually fallacious when quoted in this connection, but it is generally conceded, I believe, that the mortality following prostatectomy and directly attributable to it is at least 5 per cent.

In spite of the most careful asepsis at and after the operation, a certain number of patients become toxic, with subnormal temperature, anorexia and delirium, and die, post-mortem examination showing no adequate organic lesion. This condition is apparently the equivalent of urethral fever. In other cases ascending inflammation causes death through kidney infection. In still other cases septic thrombosis is the cause of death.

Functional Results.—Unfortunately we are very much in