

presents Freyer's contention concisely and clearly. The author states that to understand his views it is necessary to remember that the prostate is not a single organ, but in reality a double organ. In many animals it remains separated throughout life; in man it becomes fused about the 4th foetal month. Each foetal organ thus at a later date becomes a lateral lobe, and each is surrounded by a dense capsula propria which is limited to that lobe and dipping down along the commissure effectively separates the two lobes. These lobes thus lie quite outside the urethra and ejaculatory ducts. The middle lobe is to be regarded as an outgrowth from one or other lateral lobe. In addition to the capsula propria the recto-vesical fold of the pelvic fascia supplies an additional capsule which surrounds the whole organ and in this capsule lies the prostatic plexus of veins. Surgeons and text-books confuse these two capsules; in Freyer's operation only the first capsule is removed, the second remains and serves as a protection to the urethra, ejaculatory ducts, and against infiltration of urine. Nearly all hypertrophies are to be regarded as adenomata.

The operative procedure is as follows: After a suprapubic cystotomy, with one finger in the bladder and the other in the rectum, the surgeon locates the most prominent part of the prostate and scratches through the mucosa. Then little by little works his finger into the space between the capsules and loosens the lobe. It is possible to remove each lobe separately, thus leaving the urethra practically intact, but, as a rule, he removes the whole organ in one mass and cuts through the prostatic urethra just posterior to the verumontanum, thus preserving the mouths of the ejaculatory ducts which we are assured are generally left intact.

Lavage for hæmorrhage: A large drainage tube, large absorbent dressings changed every four or six hours, and irrigation of the bladder twice daily for ten days are some of the more important points in after treatment.

Freyer performed his first operation in December, 1900, made his first publication in March, 1901, and since then has operated upon 432 cases with a mortality of 29, or 7 per cent., most of which were due to causes apart from the operation. The largest prostate was  $14\frac{1}{2}$  oz., the smallest  $\frac{1}{2}$  oz.

The results have been uniformly satisfactory. There has been no case of retention, of stricture or of fistula subsequent to this operation in his hands, which is an extraordinary statement.

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