organic change, and whose general condition would render them incapable of prolonged confinement in bed. This operation has also given excellent results in younger prostatics whose general condition is good, so that I feel sure it has a wide scope of usefulness when skilfully carried out. I have spoken to many surgeons both in Europe and America about the Bottini operation, and have found that it is generally looked upon with disfavor, but I have further observed that the unfavorable opinions expressed are by men who have had little or no experience with it. The chief objection raised is that the operation is done under circumstances that render the destruction of the tissue uncertain in extent; that drainage, which is important when there is cystitis, is not well secured, and that the operation is not entirely free from danger. These objections have been largely overcome by improvement in the Bottini apparatus, and by the careful and systematic use of the cystoscope to determine the size and character of the enlarged gland, preliminary to treatment. Whatever plan of radical treatment be adopted, it is desirable to first endeavor to secure as healthy a condition of the urinary apparatus as possible. This can be done by suitable diet, by irrigation of the bladder, and by the administration of urotropin, in doses of eight or ten grains, three times a day.

In prostatectomy, the gland may be reached through a suprapubic opening, or by a perineal incision, or by a combination of both. In my own practice I have found the perineal route so satisfactory that I have always adopted it. The operation of suprapubic lithotomy has convinced me that in a man with thick abdominal walls it would be far from easy to reach the gland with the finger to enucleate it, whereas in a similar case the gland can be easily drawn down into the perineal wound and enucleated with great facility. If a patient has passed the age of sexual vigor, the plan of operation recommended by Darker Syms I believe to be the most satisfactory. The various steps in the operation are as follows: Place the patient in the lithotomy position with his hips well elevated; introduce a grooved sound; make a median skin incision about two and a half inches long, terminating posteriorly near the anus and deep enough to divide the tissue covering the muscles; retract the muscles and divide the recto-urethralis transversely near its anterior attachment and retract this muscle backward towards the rectum. This will expose the membraneous urethra, which may be opened by cutting down in the grooved sound, and the incision should be continued until the gland is reached