

jecting middle lobe, etc., and the incision of the bladder-neck, the best and most favorably known method of doing which at the present time is the Bottini operation, or some of its modifications. (I do not consider here emergent or preliminary operations.) And here let me say that just as in operative treatment of the vermiform appendix, operative experience in dealing with the prostate has disposed of several cherished illusions.

Surgeons of wide experience in operations upon the prostate have found that the much talked of and easily explained middle lobe, projecting into the bladder and obstructing the outflow of urine, rarely exists except as a comparatively unimportant part of a general enlargement of the prostate; that the depressed "bas fond" and prominent inter-ureteral bar are results of prostatic enlargement, and that the real primary disturbing factor is the collar-like overgrowth of prostatic tissue compressing and distorting the first part of the urethra and interfering with muscular functions. In many cases this is all that is to be found, but in some the growth projects backwards into the bladder-cavity, resembling, to the eye, the projection of the cervix uteri into the vagina, and the so-called middle lobe may project posteriorly beyond the general and main projecting mass. This is the mechanical condition that the surgeon has to consider.

It is therefore quite clear that the ideal operation is the one which will remove this prostatic mass. One or more incisions through this collar, as by the Bottini instrument, will relieve the obstruction for a time. So will the partial removal; but only complete removal of the over-growth will permanently remove the whole difficulty.

In my own opinion, therefore, these palliative operations are only to be considered in special cases in which for some reason a radical operation is thought to be not feasible or not desirable, as in the case of very old or very feeble men, or those who are the subjects of some definite organic disease, especially some disease of the kidneys.

Incidentally I may say here—although it is not part of my present subject—that operative experience has also shown that cancer of the prostate is much more common than was formerly thought. For instance, in the last ten years I have operated upon nine cases which proved to be carcinoma. These were cases in which definite diagnosis could not be made prior to operation, although in most of them the condition was suspected.