

In 5 of the 52 cases the membranous urethra was accidentally injured, causing perineal abscess in 4 cases, chronic inflammatory edema of scrotum and penis in 1. These patients in every single instance had a very soft gland, and the prostate had always been well hugged by the beak of the incisor, as originally advised by Freudenberg and described in my last article. Furthermore, I did not at that time use an incisor with centimetre division on the shank. This scale on the shank (recent proposition of Freudenberg) I consider a very important point indeed. I now no longer compress the gland and the accident here described has not occurred again, although I have done the operation twenty-six times since. I merely hug the gland, pull gently, without compressing it. I would mention, however, that all the cases in whom the accident happened recovered.

In one patient the rectum was injured and a recto-urethral fistula established. The accident happened in a much reduced man, 71 years old, who had a small, soft prostate and far advanced suppurating bilateral pyelonephritis. In his case (the only time in the 59 operations done) for special reasons, the street current, without amperemeter, was used.

Marked uni- or bilateral epididymitis, as a direct sequel to Bottini's operation, was seen in 6 patients; suppurating process of the testicle, necessitating incision, in 2; suppurating process of the testicles, necessitating castration in 1; a unilateral suppurating process of the vas deferens after vasectomy in 1.

In 20 of the 52 cases that recovered, the stream is noted as good at time of first examination; in 14 as fair; in 2 as weak; 32 had no pain in urinating; 5 some; 1 much. This became changed in a few instances at later examinations. As regards weight, this was noted in 38 of the surviving cases, and in every instance there was gain, sometimes considerable.

The results obtained in the first 24 cases operated upon by me were tabulated and reported at length in my last paper on Bottini's operation, published in the *Medical Record*, May 5th, 1900. It will be of interest to compare the results found at that time—two and one-half years after I first did Bottini's operation—with those noted in March-April, 1903, in the same series of cases.

Summarizing, we arrive at the following: Of 5 patients reported as cured in April, 1900, alive and heard from or re-examined in 1903, 3 have remained cured, 1 has to be classed as