

adenomatous masses growing in the gland substance were simply enucleated. A truer conception, however, of the anatomy and pathology of the parts in question clears the ground, and shows in a new light the undoubted value of the operation. The prostate is really composed of two lateral lobes, which in some of the lower animals remain distinct and separate throughout life, as they do in the human male for the first four months of fetal life. After that period their inner surfaces become adherent, except along the course of the urethra, which they envelop in their embrace. The urethra is thus simply bridged above and below by prostatic tissues. These bridges have been termed the upper and lower commissures. In later life, as the lateral lobes enlarge, there is a tendency to revert to the fetal state, and each lobe bulges out into the bladder, becoming thereby more defined and isolated. In this condition the lobes, after their enclosing sheath has been opened and freed, readily strip off the urethra and separate along the commissures, leaving the canal uninjured and intact. Still more remarkable have been the results obtained in certain more recent cases in which this separation could not be readily effected, and in which the urethra was purposely torn across. In the fibro-myomatous forms of hypertrophy there is a firmer cohesion between the lobes than in the purely adenomatous variety, and in a number of instances of the former kind, the cohesion was such that the commissures did not seem to yield, and so it was found necessary to tear across the urethra anterior to the tumor. In addition to Mr. Freyer's four or five cases of this kind, Sir Wm. Thompson also reports a similar case in his practice, and in each instance recovery followed, and with it the power of retaining and passing urine naturally. The explanation as to what takes place after such a procedure is as yet purely theoretical. It is held that by contraction the neck of the bladder is advanced to the posterior surface of the triangular ligament, and that direct union takes place between it and the membranous portion of the urethra, the canal being kept open by the daily passage of a catheter for irrigation purposes. The fact that these cases recover with the power of retaining and expelling urine voluntarily proves that the true sphincter of the bladder lies in front of the prostate, in the membranous portion of the canal.

The second objection rests upon a misconception as to what is meant by the capsule of the prostate. The normal reflexion of the recto-vesical fascia forms the sheath or covering ordinarily thought of as the capsule; inside of this, however, is a distinct covering designated the "proper" capsule, and minutely described by Sir Henry Thompson in the last edition