formation as to the character of the kidney, and you may see, and do see very well, the spurt of the urine from the ureter and are able to judge of the difference between the secretion of the two kidneys. I think that the suprapubic method is the method of the future and not the perineal operation.

A. E. Garrow, M.D. I am rather inclined to agree with Dr. Elder in connexion with the treatment of stout patients by the suprapubic method, however, a point that I would like to urge is this, that where the enlargement chiefly involves the lateral lobes I always choose the perineal route if necessary combined with the suprapubic opening because adenomatous masses are then so readily shelled out by the finger. On the other hand, if you are dealing with one of those enormous enlargements from the posterior and upper portion of the prostate, filling up practically one-third of the bladder I think it would be absolutely impossible by the perineal route to remove the whole of the mass and one can only gain access to it, by splitting the mucous membrane, for it seems to involve the trigone of the bladder. With respect to the use of the cystoscope in diagnosing these conditions, I have given it a very fair trial and should be very glad to continue if I could learn how to proceed in the examination successfully, particularly in those cases where the lateral lobes are of unequal size. I found it absolutely impossible to pass any form of cystoscope, even under an anæsthetic without drawing blood, no matter how carefully the instrument was lubricated, even with the application of a weak and finally a full strength solution of adrenalin chloride, except, of course, in those cases with a uniformly enlarged prostate in which you do not get deflection. With regard to the case mentioned by Dr. Shepherd, I expected to find obstruction due to the so-called median lobe enlargement, but the urethral orifice was apparently normal, and, on exploration, this diverticulum was discovered; it was not like an ordinary diverticulum due to separation of the muscular layers of the bladder wall with nothing but a thin mucous membrane and a little peritoneal connective tissue forming the sac, but a regular cavity with a firm rigid ring, almost cartilaginous and so extensive that I could not feel the bottom of the cavity. This had been filled with an antiseptic solution, 20 to 30 ounces, which continued to flow when the bladder was opened for a considerable time, and also explained the peculiar condition which was present while the patient's bladder was distended, viz., instead of being the ordinary pyriform swelling it presented a peculiar cordiform appearance which was very apparent.