

life. A genito urinary specialist can use the electro-cautery knife, but it takes a surgeon to remove a part or the whole of the prostate. The most difficult prostatectomies are in those cases that have been burnt, and only partially, or not at all, benefited.

The median perineal incision is the most surgical, as fewer structures are injured, and it furnishes the only proper route for drainage. Transverse cuts, semilunar curves, the Y-shaped and the inverted **L**-shaped incisions, or modifications of them, are all right for the mediocre, but not for the expert, operator. Through a median cut of the perineum, and the membranous and a portion of the prostatic urethra, an educated finger feels what the exact obstruction is, without and within the bladder. It is the best prostatic depressor, enucleator and guide to the passage of the prostatectomy forceps, but oftentimes even he, who boasts of being long-fingered, fails to reach the part desired, and has to resort to such aids as depressors, tractors, retractors and hooks, in order to see as well as feel what is being done. The exposure of the prostate, through a median incision, with proper retractors, is simple, complete, and beautiful. The removal of the lateral lobes first, with the aim of not injuring the ejaculatory ducts, facilitates a safe entrance into the bladder with the finger, depressor, or prostatectome to deal with the middle lobe, which should be dragged into the perineum through the vesico-prostatic urethra. This is a subject I should like to dwell upon, and relate to you the story of the most gratifying experiences and brilliant results in surgery, but I must forbear.

While abdominal surgery began with ovariectomy, nearly one hundred years ago, owing to the high rate of mortality in those pre-antiseptic days, only the boldest and most enthusiastic men opened the abdomen at all. Up to 1870, the mortality was fearful when the abdomen was opened for any cause whatever. In some of the general hospitals, nearly every case of ovariectomy promptly died. From 1870 to 1885, the mortality rapidly decreased from over 80 per cent. to 4, 3, 2, 1, 0 per cent., in exact proportion to the knowledge gained of antisepsis and asepsis, as well as to that of improvements in the technique of operations. It is a rare accident at the present time for a woman to die from the removal of an ovarian cyst or tumor. The rapid strides of abdominal surgery are revealed in the history of the glorious victories over injuries and diseases within the belly wall, in lessening suffering and saving life. Small and well equipped hospitals have sprung up throughout the land, like so many life-saving stations, vigilantly watching to save a sufferer on a boisterous and ruthless sea of trouble, and in despair. It may be injuries of all kinds that demand prompt attention by the local surgeon: