

out by the wound, the bladder was then mopped as dry as possible and the gland pushed well forward by the assistant with one finger in the rectum. The mucous membrane, covering the most prominent part of the left lobe, was then snipped through by scissors, the tip of the forefinger of the left hand introduced into the incision thus made and gradually worked around the tumor, which became easily separated from its surroundings and enucleated and removed without difficulty. The attachment of the mucous membrane to the tumor was not very intimate and caution, rather than force, was the only requirement for its separation. The right lobe was treated in a similar fashion, but on this side some tight fibrous bands attached to the sides of the tumor had to be torn through before complete freedom was obtained. This was very trying on the finger, especially anteriorly towards the triangular ligament, but by introducing the right index and middle fingers into the rectum and pressing forwards, the tumor was steadied and the separation facilitated. The inner side of each lobe peeled off readily from the urethra, which with the contained catheter was pushed well forward towards the pubic arch while the lobes were being freed in front from the triangular ligament. There was very little bleeding, and this was readily controlled with hot boracic lotion. Only the thickness of the bowel separated the fingers in the rectum and bladder, so that there is no doubt that the entire prostate was removed and not merely adenomatous masses enucleated. The cavity occupied by the prostate, owing to the hot douching, the contractility of the surrounding muscles and inherent elasticity of the tissues, soon became obliterated. A drainage tube was inserted in the suprapubic wound for forty-eight hours and a catheter tied in the urethra—this latter was thought necessary on account of the presence of false passages and the tendency to hemorrhage. The bladder was irrigated daily through the catheter, which was removed on the fifth day, and thereafter readily passed. On December 16th the patient passed eight ounces of urine naturally, and thereafter all urine was voided through the urethra. He was discharged from the hospital on December 23rd, and now, five months after the operation, is able to hold his urine six hours by day and rises only once during the night. There is now no sediment in the urine, which is free from albumin, odorless, and normal in all respects.

In the correspondence which ensued upon the publication of Mr. Freyer's papers, two main objections were urged against the operation. (1) That the prostatic portion of the urethra must of necessity suffer irreparable damage. (2) That the prostate was not removed in its capsule at all, but that