

was no cystitis. The sexual function was uninjured. Pressure on the gland per rectum gave pain, and a considerable enlargement could be felt by the examining finger.

The Bottini operation was performed as described above, three cuts being made almost without pain. The patient remained in bed two days, after which he remained up and moved about freely every day. There was considerable pain in urinating at first, but this gradually became less, and in three weeks disappeared altogether. There was no acceleration of pulse or rise of temperature at any time during convalescence, but the urine contained blood for several days, and small sloughs continued to pass at intervals for nearly three weeks.

Several months have now elapsed and he remains well, not requiring to rise at night, and passing urine about from four to six times a day. The stream is normal in size and force, and he expresses himself as perfectly well.

CASE 2.—A man at 76 years, with good history, began to have the usual symptoms of prostatic hypertrophy nine years ago, but was not obliged to use a catheter until four years ago, since which time he has had a most distressing cystitis, and has to use a catheter several times a day. In October last he had a severe attack of orchitis, and it was for this that he consulted me. I found the urine ammoniacal and loaded with pus, the testicle swollen and painful, and the prostate large and tender. There were eight ounces of residual urine. I administered urotropin, and as far as possible aimed at improvement of his general constitution, irrigating the bladder night and morning with warm boracic solution. Finding it impossible by this means to get rid of the pus, after a trial of three weeks, I decided to remove the gland, which I did by the Parker Syme method, as already described. The operation occupied fifteen minutes and was followed by no shock whatever. In this case, instead of incising the urethra backwards into the gland, I merely cut backward far enough to reach it, then with blunt scissors snipped an opening into the capsule of each lobe, and enucleated them in succession. There was no median lobe, but merely a collar stretching from one lobe to the other across the neck of the bladder. When the lateral lobes were removed this collar disappeared. The temperature rose to 100 deg. F. the first evening, but remained normal after that. He remained in bed a week, and the perineal wound was entirely closed at the end of three weeks. A month after the operation he urinated without difficulty every two or three hours, and his general condition was greatly improved. I