

from the gland substance by using the finger. It was therefore decided to remove all of the gland that could be taken away, rather than to leave it in a mutilated and shapeless form; and so the whole gland, or nearly all of it, with the prostatic urethra came away. I did my best to save the urethra and was much disturbed for some time because of it. A guarded prognosis was given as to life, and as to function the prognosis was absolutely bad. I even tried to figure out the line of defence in case of an action for damages.

The man recovered and lived in comfort till a few months ago. It must have occurred to many surgeons to remove a wedge from the lobes and in trying to do so the fact that the capsule could be easily separated could hardly have escaped them.

THE OPERATION.

The essentials to a successful suprapubic prostatectomy are eyes in the finger tips, judgment, caution, and reasonable speed. It goes without saying that the results in prostatectomies should improve with experience. As the cases needing such operation are often up in years and run down in health, it is of importance to conserve their energy at every stage of the operation, viz.: (1) before the prostate is reached, (2) in its enucleation, (3) in the after-treatment.

BEFORE THE PROSTATE IS REACHED.

This stage would include a consideration of the operation in two steps as advocated by some surgeons in nearly every instance. Time forbids a lengthy discussion of this phase of the subject. In my opinion two steps or stages are not required in more than one-fourth of the cases.

In many instances the anoci-associations, mental and physical, connected with two stages, more than offset the good that may otherwise come from them.

It is in deciding between a one-stage and a two-stage operation that judgment plays an important role. Some preparatory treatment, however, is indicated in nearly every case for prostatectomy.

The length of the incision must of necessity vary according to the patient's build. It is of first importance that the tissues adjacent to the bladder be disturbed as little as possible. Damage in this regard may be caused by the clumsy use of retractors tearing tissues apart, and by the operator disturbing unnecessarily the structures in the pubic space below the bladder wall, or in removing fat over the bladder before opening it; all of which tend