

metrically bowed incision, with its convexity downwards, from the outer surface of one sterno-mastoid muscle to the other, higher or lower according to the position of the goitre. The skin, underlying platysma and fascia of the sterno-hyoid and sterno-thyroid muscles are reflected upwards. The fascia joining the muscles in the median line of the neck is then divided as well as the outer fibrous capsule of the gland. The half of the gland which is most involved, is then shelled out of its capsule, the superior and inferior thyroid arteries tied, the isthmus cut with goitre clamp and ligated. The remaining attachments are then ligated and portion removed. The wound is closed with a subcuticular wire suture without drainage.

Twelve cases operated on during the past year were reported. The average stay in the hospital was seven days. The resulting scar was very slight, and little or no pain was complained of during the operation.

The Pathologic Prostate and Its Removal Through the Perineum.

By Dr. Alex. H. Ferguson, Chicago, Ill. In opening his paper Dr. Ferguson said he proposed to discuss more particularly hypertrophy of the prostate. Some of the microscopic changes in the hypertrophied prostate are, first, increased weight—may be up to eight or nine ounces; second, greater size; third, any part or the whole of the gland may be involved. Shape varies very much. Microscopically Dr. Ferguson found all hypertrophied prostates were benign in character. He also found frequent evidences of inflammatory changes. The effects produced may be stated as, first, the prostatic urethra is contracted and elongated; second, the vesical meatus is often rendered patulous and sometimes obliterated; third, the ejaculatory ducts are also often patulous, allowing regurgitation of the semen into the bladder, and they are also often obstructed. The effects of obstruction on the kidneys and bladder are too well known to require discussion. Treatment: Dr. Ferguson's method of removal is by the perineal route. He uses a prostatic depressor introduced into the urethra, then elevated in such a manner as to press the prostate down in the perineum. The fingers of the left hand are passed into the rectum as a guide, and then he makes one bold incision through the perineum down to the prostatic capsule. Dr. Ferguson exhibited some special instruments devised and used by himself in this operation.

The Surgical Treatment of Enlarged Prostate.

By Dr. G. E. Armstrong, Montreal. Dr. Armstrong exhibited a specially constructed suprapubic vesical speculum, devised by