

position, with the knees drawn up and the feet supported by stirrups. The bladder is now washed out with warm boracic acid solution and an ounce of a 4 per cent. solution of cocaine injected so as to anesthetize the whole mucous membrane, especially the part to be incised and also the urethra. From four to eight ounces of boracic acid solution is next injected into the bladder, the instrument introduced, and the beak turned backwards, where its point can be felt by a finger in the rectum. A stream of cold water is kept flowing through the instrument during the time the blade is heated. The instrument having been placed so that the blade when moved from its slot by the screw in the other end of the instrument comes in contact with the part of the gland to be incised, and all connections having been previously made and tested, the switch on the transformer is moved far enough to bring the blade to a white heat, and it is gradually forced into the gland by the screw which moves it. The blade is thus moved into the substance of the gland at the rate of one centimetre per minute until sufficient tissue has been destroyed, when the current is turned off and the instrument moved in order to make the second cut. Usually three cuts are made, one posteriorly and one on each side. It is well to keep the current on and the blade hot while moving it back into the slot, as it destroys more of the gland and prevents hemorrhage. Dr. Young makes the lateral cuts first. In a case with a pedunculated middle lobe there is risk of destroying the pedicle and leaving the lobe loose in the bladder, but such a condition seldom exists, and can be recognized by the use of the cystoscope. It need scarcely be added that asepsis throughout is essential.

To avoid tedious repetition and to curtail the length of this paper, I shall report two cases, one a prostatectomy and the other a Bottini operation, as they furnish fair examples of the kind.

CASE I.—A man at 63 years of age, good family and personal history. Had noticed a growing discomfort in the urinary organs for seven years. At first there was increased frequency in urination and a diminution in expulsive power, with dribbling at the end of urination. These symptoms gradually grew worse, until at times the urine came only in drops or in a very weak stream. The rest at night was disturbed; there was an unpleasant aching sensation about the bladder and perineum all the time. He had never used a catheter, and the urine was normal. There were two ounces of residual urine. Cystoscopic examination showed moderate enlargement of the lateral lobes and a bar joining them. There