break down, the urine becomes ammoniacal, the desire to micturate continues, and the catheter only relieves for a few minutes at a time. The greatest care does not always prevent this result, nor does the greatest carelessness always induce it. In other cases the patient cannot be taught to pass the catheter himself, and the constant attendance of a surgeon is impracticable. Now the radical measures recommended by McGill are as follows:

(5) Drain the bladder thoroughly for a time and permanently remove the cause of obstruction; the intravesical prostatic growth must be removed.

(6) These two indications are best fulfilled by a supra-pubic rather than by a urethral or perineal operation. Out of 24 cases operated on in the Leeds Infirmary, 8 remain permanently well. There were 4 deaths—1 due to shock, 2 due to shock and hemorrhage, and 1 to retro-pubic suppuration. All the cases were men between 60 and 70; almost all were in a bad state of health, and could not have lived long unless relieved. In seven cases the operation was undertaken for the removal of stone, and prostatectomy was incidental, excluding these and the four cases of death, also one lost sight of and two still under observation, leaves ten still to be accounted for. Eight of these remain permanently well, one only having to use the catheter occasionally; in one case the operation was not satisfactorily completed and no relief was obtained; in the tenth case relief was for a time obtained, but he relapsed and died ten months after operation.

In the discussion which followed, Mr. Bruce Clarke advocated first making a perineal incision and examining the bladder, and seeing what needed to be done, and afterwards to perform suprapubic cystotomy.

Dr. Kummell of Hamburg has also written on this subject. He reports six cases operated on; the operations were done on severe cases, in which the various ordinary means had been used a long time. He had recourse to suprapubic cystotomy. He extirpated not only the median lobe, but all portions of the prostate projecting into the bladder. He operates by opening the bladder by a suprapubic incision; uses sponges and iodoform gauze for