It would seem easy, from what is seen in anatomical plates, to join the duodenum with the esophagus, for apparently they are on the same plane; but in reality the esophageal orifice is on a higher plane and behind the pyloric orifice. If the duodenum is not bound down by adhesions, it can be approximated without much tension to within an inch of the diaphragm allowing the abdominal part of the esophagus to be only two centimetres in length, which is Cruveilhier's estimate.³ There is even then room to place a purse-string suture and apply the Murphy button. It would seem that tension on the elastic tissue of the abdominal esophagus would easily give an increased length; it does stretch to a certain point, but it is disappointing and much more limited than one would suppose.⁴ From the experience which this case gives, I think it would be easier to tear the esophagus than to pull it down from its opening in the diaphragm. It may have been that the esophageal clamp interfered with its elasticity, but it seemed at the time of the operation as if the stretching could be accomplished much more easily sideways than lengthwise. A slight gain in the length of the esophagus can be made if the clamp is applied vertically instead of sideways; there is thus less chance of making an oblique cut in the division of the esophagus. Unless there is enlargement of the left lobe of the liver, there is much more room to work in than would be supposed, especially if the abdominal incision is a large one. In fat patients the incision can hardly be less than seven inches in length, and then there is no room to spare.

In the treatment of this case no attempt has been made to predigest the nourishment which was given to the patient. The precaution was taken, however, to supply easily digested food; and when meat was allowed it was cut in very small pieces. The food was taken slowly, whether liquid or solid. It is no hardship for the patient to live on simple food, for she has done so all her life; and especially, as age has advanced, she has been obliged to eat food that required the least chewing. The food was given of medium temperature; water was taken as it came from the pipe and wine as it stood in the room; iced cream, of which the patient was particularly fond, was taken slowly so that it dissolved in the mouth before it was swallowed. At first everything was too salt; as the patient got well, she wished salt on both eggs and oysters. The amount of flatus in the bowels was enough to cause pain only a few times in the early part of her illness. The urine has been normal throughout. Never since the operation has any undigested food been seen in the movements from the bowels, and for the most part these have been wholly or partly formed. The patient has vomited but a few times since the operation; twice after etherizations, twice after some laxative had been given, once after the button left its place, and twice after coughing—not more than six ounces at any one time, generally much less. On three or four occasions a mouthful of food would be regurgitated—an oyster, some shreds of meat or a few teaspoonfuls of coffee. As a usual thing the food was well retained and well digested. Milk, which would sustain most patients under such circumstances, was not liked, and an important food

was thus unavailable. The patient's skin is in a natural condition without any dryness; this may be due to the thorough washing which the entire body has had daily since the operation. The symptom which gave the most anxiety after the operation was the restlessness, which was unusually marked. This was without doubt the result of the surgical shock, which was caused by the removal of so important an organ as the stomach, and the interfering with its vessels and nerves.

The season of the year in California, with mild sunny days, and the careful and constant nursing, are among the factors which made the operation a success. The age of the patient counted for something also; the effects of the change of life had long passed by, and there had been for many years an even condition of good health. Many old people can stand in a surgical point of view much more than is generally supposed. The patient was not worried about herself. All she wished for was to be restored to health; how this was to be accomplished she never asked, and to this day she does not know that her stomach has been removed. She has a fine color; complains of nothing so far as the functions of her body go; eats whatever she wishes; has no pain whatever; is of a very cheerful disposition. She is out of doors most of the day from 10 till 5 o'clock, taking occasional walks around the hospital grounds; her temperature and pulse are normal; she sleeps well without an opiate. Although she has food every three hours, she feels quite hungry at times, and feels that she could eat twice as much as is given to her. She is gaining in weight; and her general condition at the present time, April 14th, seven weeks after the operation, is satisfactory in every respect. She leaves the hospital to-day for her home.

In conclusion, I wish to acknowledge my great indebtedness to Dr. Carl Schlatter, of Zurich, for his description of the operation and subsequent treatment, which has been invaluable to me in making this case successful.

SOME ASPECTS OF MEDICAL PRACTICE.¹

BY ALEXANDER ROVINSKY, M.D., BOSTON.

"Amicus Plato, sed major amica veritas."

It is somewhat of an unpleasant and too often ungrateful task to introduce into the midst of festivities an unpopular subject. The propriety of interrupting this evening's occasion, participated in as it is by men whose daily occupation is of too sombre a nature and lacking the ordinary pleasantries of life, may well be questioned, if it were not for the fact that the subject to be brought before your notice is of so serious a nature as to demand our closest attention.

Our self-glorifications in the great progress made in all the domains of the healing art, have been rather rudely disturbed by the tendency observed of late to discuss in a more or less candid manner the various abuses and evils from which the profession has been suffering uncomplainingly for some time past. I allude here particularly to the hospital and dispensary abuses—a subject that is engaging at the present time the earnest attention of a very great portion of the profession, and is even beginning to find its way into the lay press. Ordinary considerations of humanity

³ Anatomie Descriptive, vol. II, p. 113.

⁴ "In its abdominal portion (if at any time we admit an abdominal portion) the esophagus is *en rapport* with the esophageal opening of the diaphragm, to which it is very solidly adherent." Cruveilhier, vol. II, p. 113.

¹ Read at the first Annual Meeting of the Boston Medical Society, March 15, 1898.

and love of, as well as respect for, our profession, which we never fail to opportunely designate as honorable, grand, and so on, demand of us a thorough investigation of this most important subject.

That commercialism, with all its blighting and corrupting influences, has invaded the ranks of the profession, is a fact become stale by frequent repetition. To be sure, the medical profession, as an organic part of the modern social system, cannot escape the tendencies of the age; but who will deny that a great deal of the evil is remediable, and can be corrected within, and by, the medical profession itself? By shutting our eyes and persistently denying, as is done in certain medical quarters, without the least shadow of investigation, the existence of a truly deplorable condition of things, we certainly do not even approach the solution of this problem.

Although both the young and the older practitioners are subjected to these abuses, it is particularly the former who are the greatest sufferers by them, and as in the young generation lies the seed of, and the hope for, the future, the question acquires a still greater importance. It is the younger practitioner, with his plastic mind, with his enthusiasm for work, his ability to grasp, and readiness to utilize, new discoveries, who paves the way for scientific progress and professional perfection. The older man, the "experienced" practitioner, is frequently unyielding, and is liable to become too conservative to embrace new teachings; his conservatism — an excellent quality, when needful — becomes to him a second nature, from which he can very often, but with difficulty, dissociate himself.

To bring into clearer light what follows, let us take a cursory survey of things medical in general, as the question before us is far more complicated than it may seem at a first glance, and, moreover, by putting cause and effect together we may hope to arrive at a clear understanding of it.

The 146 medical schools of the country instruct some 23,000 young men, and graduate annually about 5,000 new doctors. As compared with Europe, which can only boast of 130 schools, we doubtlessly suffer from what the political economist would designate as an "overproduction" of medical schools, resulting, as could be expected, in an overcrowding of the professional market. Driven into the field of competition, the majority of these schools crowd each other in cities large and small, causing the degree M.D. to become a somewhat cheap article, so much so, that its possessors will in the near future be placed in a position similar to what was once threatened by a celebrated minister of France, who declared, that he would create so many dukes, "that it would be a shame not to be a duke, and no honor to be one."

The medical schools being the least endowed — by private donations or State assistance — of all the professional schools, their existence (outside of the few connected, not nominally, however, with a university) depends entirely on the tuition fee of the students, and these last must therefore be attracted to them by all and every means; as a result we see the doors of the great majority of these institutions all but widely open to any one who evinces any inclination to enter, the examinations being often of such a puerile nature as to give no adequate idea of the student's educational standing. The fact has been complained of, that too many improvident young men enter our medical schools without any idea as to their chances of success in the voca-

tion. It seems to me, however, that the fault lies, not with the young men but with the schools, many of which in their eager hunt for students lure them by promises of but a nominal entrance examination, small tuition fee, and easy means to graduation. A great number of these young men could well remain where they are, growing up into useful members of the community, with an activity in a social sphere suited to their abilities and natural inclinations; as it is, they naturally tend in the direction of the medical school, which holds out for them such bright prospects in the future.

I will here but touch on the fact, that in the schools which lack the clinical and laboratory requisites — and of such there are many! — didactic instruction is unfortunately prevalent to the exclusion almost entirely of bedside experience; while in others valuable time is wasted by the student in attending upon clinical and hospital practice before he has had the time to master the rudiments of medical and surgical principles, his mind being then in a condition when he is unable to assimilate and profit by the experience offered to him.

Turning now to the recent graduate, we find — and so does he very soon — that he is thrown into competing with difficulties of which he very likely had not the slightest idea; for no profession is made up of so many heterogeneous elements as is the case with what is known popularly under the broad appellation of the profession of medicine. Besides the great numbers of graduates of the many schools,² there is the by no means inconsiderable class of the so-called irregular practitioners, or, in common parlance, quacks, who cannot as yet be eradicated by any State legislation. They constitute a class of people of a wide range of variable intellectual and moral aptitude; in the majority of cases living by imposition on the ignorant and credulous, under the cloak of religion or falsified science. Quite frequently they are people who have grown tired of less congenial occupations and are not bothered by such trivialities as conscience, honesty, scrupulousness and similar rubbish. They are the ones who flood our "great" dailies with advertisements of a questionable nature, adorned by likenesses of prominent members of the community — strange to say, mostly ministers of the Gospel, who in glowing terms laud to the skies the efficiency of this or that nostrum, in curing their ailments, after "the greatest doctors of both hemispheres gave up all hopes." One bottle — nay, at times, one dose — was sufficient to revive the shattered system which was on the verge of being gathered to its forefathers!³

In certain parts of our large cities the foreign medical men — German, French, Russian, Swiss, etc., — form the predominating class of the practitioners of medicine. Some of these are regular practitioners from the other side; but the greater part of them came here because they have no right to practise in Europe. As an example, in Germany and Switzerland a holder of the degree of M.D. is not entitled to practise. To obtain this right he must pass a very rigid State examination, in comparison with which the examination

² We have proportionately twice as many physicians as Canada; three times as many as England; four times as many as France; five times as many as Germany; or eight times as many as Russia. The average ratio is one physician to 550 inhabitants; but in some States it is as low as one to 350, or even less.

³ The other day I chanced to come across the following advertising gem: "Mrs. X. Y. Z. [a well-known abortionist], having established a new office, is ready to attend on ladies suffering from *perineorrhaphy*, *ovariotomy*, *gynaecology*, and similar (*sic*) female complaints." And this in a Boston newspaper — *horrible dicta*!

for the degree is but a mere trifle. The State recognizes as lawful practitioners only those physicians who have passed their State examinations. They alone have a license to practise; they alone can receive appointments to any medical office. Those who passed only the university examinations for the degree can hold no appointments, and have no legal right to insist upon the payment of fees from their patients. The value of this degree may be judged from the fact, that the Illinois State Board of Health (the pioneer body in medical reforms) adopted March 31, 1891, a rule, according to which the holders of the foreign degree of M.D. must pass an examination before that body to be permitted to practise in Illinois, unless they were allowed to practise medicine in the countries from which they received their degrees. As a matter of fact, a very considerable percentage of those who come up for their State examinations in Europe are rejected annually by the examining commission. These, and many who did not even attempt the State examinations, come here and enjoy privileges denied them at home.

A condition quite prevalent in the middle-class and poorer districts of the large cities is the practice of medicine in which many of the druggists are engaged, to the detriment of both the overcrowded profession and the unsuspecting public. The extent of this practice, on the one hand, and the ease with which combinations of drugs in the attractive and convenient form of pills, tablets, etc., can be readily made or obtained, induce many of the practitioners to act the part of the druggist for their patients. This, however, they do reluctantly, considering it rightly as an invasion of the apothecaries' rights; but they are compelled to resort to it as a means of self-protection, for the unscrupulous druggist will frequently prevail on a patient by promises of a cheaper and more rapid cure. At the same time, the formation of the habit of using ready-made tablets and pills, while seemingly doing away with the necessity of prescribing, relegates the art of prescription-writing to a second place, and it is little by little entirely banished from the armamentarium of the busy practitioner, who thus deprives himself of his most potent weapon — the knowledge of skilfully combining effective drugs.

Characteristic of the large city are also the numerous societies, lodges and similar bodies, the practice among which is known under the generic name of contract practice. A certain number of men bind themselves together for various purposes, among these also to employ a physician for the whole body of members belonging thereto; the fee for the individual member is usually very small, frequently outrageously so, while the demands made on the physician are often of such a nature as to render his life — especially if he possess any self-respect at all — a long chain of misery and degradation: for the self-will of your unorganized mob, which frequently acts suggestively or subconsciously under the control of one or more leaders, cannot be compared with the organized tyranny of a well-regulated body of men, who are constantly aware of the fact that your material well-being depends entirely on their good-will. They brook no independence on the part of the physician, they admit no self-respect; as if mortgaged, you belong to them body and soul, and they exploit you — for there are among them such as are well-to-do and even rich — in a manner altogether indescribable. Sad as this condition of affairs is, the

competition among physicians is so intense that almost Tammany Hall tactics are resorted to by some of the competing candidates for employment by these bodies, as fair and honest means have been found time and again to fail.

There are but few agencies that debase and corrupt both the physician and the patient to the extent that this is accomplished by the contract practice. The extremely low remuneration compels the physician to engage himself to several societies, and physicians who have to attend several hundred families, that may live in widely separated parts of the city, are by no means rare; the hurry-scurry of the medical attendance breeds superficial habits of examination and a certain contempt for a thorough investigation of the case, which may with some grow into routine habits, bringing about results disastrous to both the physician and patient. On the other hand, just like the hospital abuse, these practices corrupt the patients as well. It is either human nature or the part of it constituting folly, to set but a slight value on articles obtained cheaply or free of charge, and to estimate the commercial worth of an article paid for, usually proportionately to the price paid, and not to its immediate utility or the results obtained from its use. The value of a commodity in the market being dependent on the law of supply and demand, it is self-evident that, the supply exceeding the demand, the value of the commodity depreciates, becomes low. Apply this to the physician — whose work in this case is the commodity — and the results, although somewhat unpleasant to contemplate, are identically the same.

But the greatest, the most formidable competitor of the young as well as of the older practitioner, of the recent graduate as well as of the skilled and mature physician, of the poor and rich alike, is the unbounded abuse of the various hospital and dispensary charities. This subject has been so thoroughly discussed and ventilated of late, that it remains for me but to give a brief *résumé* of the opinions held by competent men concerning this matter. The fact has been established beyond peradventure, that we have many more hospitals and dispensaries than the community is in urgent need of. The majority of these institutions openly violate the very fundamental stipulations of their charters, which accord them the right and privilege — for such it is — of assisting the sick poor who are unable to obtain the needed medical aid in any other way; whereas these institutions treat thousands upon thousands of persons who are well able to pay their private medical advisers. They thus, on the one hand, rob the indigent sick of the medical aid to which they are justly and legitimately entitled, by indiscriminately wasting it on the rich and well-to-do; again, by affording medical service to this last class of patients, they invade the clientele of the average practitioner, intruding without any absolute necessity therefor upon his legitimate means for subsistence. It is claimed that in some cities these institutions, under the cloak of charity, serve but too frequently as sub-offices for some of the attending physicians; it also is unfortunately too true, that no serious, honest attempts are ever made by these institutions to discriminate between those who cannot pay, and those who will not pay.⁴ As a result

⁴ Even vaccination, which is done but once during the year, and entails, therefore, but a very slight expenditure even on the poorest, has been monopolized by our dispensaries where this trifling operation is performed gratis upon thousands and thousands of children of the well-to-do or even rich, who can, surely at least once a year, pay a private physician.

of such a condition of affairs, pauperism is systematically encouraged, the moral sense of the applicant is blunted, while by withdrawing patients from the practice of so many physicians a sort of professional proletariat is being created, whose ranks swell rapidly, and who are driven into resorting to means for a livelihood which are frequently unprofessional and at times dangerously near to dishonest; and as the bitter struggle for existence becomes more and more intense, they are bound to tend lower and lower; the so-called professional etiquette that they see violated on every side by men whom they were taught to consider as leaders becomes in the course of time a dead letter to them; the scientific side of medicine is gradually lost sight of, and the great science is converted into a trade—a change to be seriously deplored, as it is bound sooner or later to breed contempt from the intelligent portion of the community towards such tradesmen.

The above is but a feeble, and certainly imperfect attempt to depict the condition of things medical as seen at the present day. I dare, however, trust that it will give at least an approximate idea of what it was intended to describe, and with the knowledge thus derived of cause and effect, we may attempt to suggest some possible remedies. Right here I am tempted to present an interesting, although by no means novel fact. While scanning the list of vocations of the members of the fifty-fifth Congress, I was struck with the meagre representation of the profession of medicine as compared with other professional callings; out of a membership of 356 there were but five physicians; the same obtains to a greater or lesser extent in almost every State legislature in the Union. It occurs to me that the average physician does not take a sufficiently active participation in the government affairs of the city, State or Union; and I cannot help thinking how much different would be the social status of the profession if it had a sufficiently strong representation in the legislative assemblies. What a humiliating spectacle to witness the impotence of the representatives of a profession which counts among its members many able and intelligent citizens, to pass a bill for the regulation—loose and trivial though it be—of the practice of medicine in a civilized community! Verily, a spectacle for the gods! With the creation of a representation in the legislative assemblies of the land, there will soon appear that *esprit de corps* which forms the very essence of a united profession, and which is so sadly lacking in the profession of this day. It will then be possible to effectively repel the many unjust attacks for which the profession has for a long time past served as a tempting target on the part of many who would not dare attack in a like manner any other profession.

One of the important causes that tend to increase the number of our medical schools is the ease with which charters for such institutions are granted by a great number of our State legislatures. In doing so they often commit a grievous error, as the degree of M.D., which these institutions are empowered to grant, is more than an honorary title. It confers upon its holder a right to the confidence and patronage of the people as regards their health, the most vital element of their existence. It puts him into the possession of honorable means, whereby it becomes "a property right of great pecuniary value." No other degree, *per se*, possesses a similar significance or valuation. The possessor of the degree of M.D. comes in closer contact with the community than does a member of

any other profession; the scope of the physician's activity is much greater than that of the theologian or lawyer, since, as Mr. Evarts justly remarks, "there are many who have no property to be cared for, and there are some with regard to whose possession of soul there may be a question; but everybody has a body which is at times liable to require skilled management to avoid suffering and death, and enable it to do its work, although some bodies, it must be confessed, are hardly worth preserving."⁵

No charter must, therefore, be granted to any corporation for the purpose of establishing a medical school, unless it can prove that the community stands in urgent need of one; it must also give evidence of its ability to equip the prospective school with all the requisite laboratories, show its connection with hospitals, dispensaries, etc. It is not going too far to require that the instructors in these schools should be men of recognized worth and ability, and not such as use their "professorships" as an advertising medium with their clientele. The medical schools of our cities should, by some manner of means, either be joined into one large institution, or they should be required by an act of the legislature to attach themselves to the neighboring university, as a department thereof.⁶ This would give them a prestige not obtainable in any other way, while at the same time it may also give them the opportunity of enjoying, at least to some extent, the beneficence of the numerous donations, which are showered yearly by the hundreds of thousands into the coffers of the universities of the land. As soon as the medical schools will thus change their now quasi-independent character, their dependence on the tuition-fee of the students will be greatly diminished, and the standard of admission as well as of teaching is certain to be raised. You will observe, in connection with this, that with the exception of very few independent medical schools, the best ones constitute departments of universities.

As regards the hospital and dispensary abuses, the only measure of effective struggle against this growing evil would be the establishment of a method whereby a distinction, more or less accurate, could be made between those who are entitled to treatment, and those who are not. It would seem to me, that if every applicant be required to present some sort of a certificate from either his religious adviser, or his landlord, or from any physician, or generally some reputable citizen, the number of applicants would be materially lessened, without in the least affecting the really needy. This is by no means an ideal measure, but it seems possible and not difficult of application; and even if it present opportunities for being abused, it will nevertheless be of undoubted benefit, if employed seriously, honestly, and as thoroughly as possible. Such an application of this method can only be effected by the concerted efforts of the attending staff and the trustees of the hospitals. It would also be practicable for each institution to employ a corps of inspectors, whose duty it should be to investigate either the majority of the applicants, or at least those who would seem suspicious. This the institutions owe, both to the community and the profession. The lat-

⁵ The Forum, vol. xiv, p. 729.

⁶ In this connection it may be interesting to note that Chicago has twelve medical schools (not including three post-graduate ones), or three more than the whole of Russia, or as many as Austria, Switzerland and Denmark combined. St. Louis is not to be outdone with her nine schools. New York, Baltimore and Cincinnati possess seven schools each; and so on.

ter, we may rest assured, will be only too ready to co-operate with the hospital and dispensary authorities in the application of any measures that will tend to eradicate or circumscribe the evil as much as possible.

It is high time that our State legislatures take a hand in the amelioration of medical affairs in the land. The *laissez-faire* system, with its resulting individualism run mad, has about reached its highest stage of development. Decisive, intelligent interference will in the course of one or two decades revolutionize our medical schools, correct, as far as it lies in human power to do so, the various medical abuses, and elevate the profession to a position where it shall command the respect, not only of the immediate community, but of the whole civilized world. I am well aware of the fact, that such utterances will call out a cry against paternalism, and will be stamped as an invasion of the personal rights of the individual, fostering attempts on the constitutional liberty of the freeborn citizen, etc. I can hear this cry all around me. I heard it from the lips of the opponents of the State regulation of the practice of medicine; and I could not help paraphrasing mentally Jefferson's famous saying about patriotism being the refuge of a certain class of people. But facts are the best arguments. The same hue and cry was raised while State regulation of the practice of medicine was being introduced into almost every State of the Union. But the system has existed for ten years or so, and it has resulted in an undoubted improvement of the general educational standard of the profession. I have no doubt, but that, when rigorously enforced, the State regulation of the practice of medicine will become a potent factor in the medical reform movement.

While discussing the question of State interference for the regulation of this practice, W. H. Purrington, an eminent New York lawyer, counsel for the New York County Medical Society, proved some ten years ago, that such interference is constitutional, and that the principle involved in this sort of legislation stands settled and approved by the Supreme Court of the United States, and that of every lesser community, before which it had been brought.⁷ It is the great principle of *salus populi* — the principle of security and self-protection against fraud and ignorance.

It is by all means time that we had not only city or State, but also national representation. There should be a Central National Bureau of Medicine, as a branch of the Department of the Interior, endowed with discretionary powers, serving as the highest tribunal on medical questions of a national character, such as quarantining, appointment of medical coroners, unification of the State Boards of Examination, and questions of a like nature.

These propositions, as I am well aware, will be relegated by some into the domains of Utopia, or dismissed as impracticable or premature. But there is an undercurrent in the present social life of the community, the rumblings of which are heard by every attentive ear, and which is bound, sooner or later, to appear on the surface; and that is the tendency to widen more and more the sphere of government and to increase its power — wisely and with circumspection — as against the encroachments of individuals or corporations; for no individual, however powerful, no

corporation of individuals, however mighty, can or will benefit the community at large, as much as can the State, forming a part of the people, kept in check by the people, and legislating for the people.

Clinical Department.

PROSTATECTOMY BY COMBINED SUPRAPUBIC AND PERINEAL METHODS.¹

RECOVERY WITH COMPLETE RESTORATION OF THE BLADDER FUNCTION.

BY F. S. WATSON, M.D., BOSTON.

THE patient, who is fifty-four years of age, four years ago began to experience symptoms of prostatic obstruction, dysuria and frequent urination; these gradually increased and not long afterward he had an attack of acute retention of urine. Attempts to relieve this were fruitless and resulted in a severe hematuria, probably due to a false passage. The hemorrhages have continued periodically ever since, at times being abundant. Pyuria appeared shortly afterward and has continued ever since.

The acute retention relieved itself after about twenty-four hours; but there was great difficulty in urinating for ten days. Since this time, although there has been no actual retention, dysuria, frequent and painful micturition have become worse; the frequency is now from one to two hours in the daytime, and three or four times during the night.

Patient's condition has become threatening. There has been a marked loss of flesh and strength. The urine contains a considerable quantity of blood, pus and mucus.

Examination by rectum shows a very large bilateral hypertrophy of the prostate.

Operation, combined suprapubic and perineal prostatectomy, December 26, 1897. The abdominal wall was very fat and dependent and in order to make the bladder more accessible the fascia covering the abdominal muscles was exposed by a *crescentic incision extending from one anterior superior spinous process to the other*, with its convexity towards, and its middle point just above, the upper margin of the symphysis pubis. The prevesical space was then opened by the usual vertical incision in the median line between the recti and the pyramidales muscles. It contained a large quantity of fat. The peritoneal fold was raised about four finger-breadths above the symphysis by Petersen's rectal bag, containing nine ounces of water, which was filled first and then the bladder was injected with ten ounces of fluid (sterilized salt solution). The patient was placed in Trendelenburg's posture. Just before doing this the bladder was held by a tenaculum passed through its anterior wall immediately below the insertion of the peritoneal fold. It was then opened by a longitudinal cut of an inch in length. The index finger was inserted, and the bladder was temporarily sutured to the edges of the abdominal wound by a stitch on either side.

The mucous membrane of the bladder was normal to the touch, and no stone was present. The two lateral lobes of the prostate were largely hypertrophied,

⁷ American Social Science Association, session September 5, 1888, p. 29.

¹ Read before the Surgical Section of the Suffolk District Medical Society, March 2, 1898.