minces easily. The tongue, that persisted in remaining very coated and unpleasant for many days, is now quite clean and moist. Gaining weight rapidly, her weight being now 9 st. Is going home to-day.

For details of feeding by glucose, see the Temperature Charts.

December 23.—Letter from patient states: "Very satisfactory; have gained a further 9 lb. Swallowing well."

January 29, 1932.—"Getting on wonderfully." Weight is now 9 st. 10 lb.

May 2, 1932.—"I am going on wonderfully, and feel ever so much better since my operations. I can eat anything now and have no trouble whatsoever in swallowing. The wound has healed beautifully and one hardly notices it."

All toxic foci should be removed first, viz., dental and tonsillar in this case. I think that I delayed too long between Stages 1 and 2, viz., fourteen days, thereby allowing the unavoidable adhesions to become too firm and extensive. Great care must be taken not to injure the recurrent nerve. It would seem to me the wiser plan not to open the sac.

I enclose two radiograms of the neck.

**Observations
on the
Case.**

A SHORT NOTE ON ENDOSCOPIC RESECTION OF THE PROSTATE.

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THE limited applicability of the older "punch" and other per-urethral procedures for the relief of prostatic obstruction has led to a strong feeling of distrust in this country towards all such methods. That such a view is to-day unwarranted we are convinced. Many who, in the past, have been strong in their condemnation of attempts at endoscopic resection are now whole-hearted in their enthusiasm. A timely word appears desirable during this phase of over-enthusiastic resection lest an excellent procedure become discredited through misdirected zeal. Let not judgment be warped by enthusiasm!

The endothermic resection of to-day enables us to deal adequately with 75 to 80 per cent. of all prostatic obstructions. There is virtually no limit to the amount of prostatic tissue which may be removed, and instead of a major operation carrying a mortality of 10 to 20 per cent. the patient may be relieved of his urinary obstruction by means of a minor procedure with an estimated mortality-rate of but 1 to 2 per cent. in skilled hands. Confinement to bed is usually limited to one to three days, and the hospitalization ten to fourteen days. The post-operative absence of pain is remarkable, and it is seldom that any analgesic whatever has to be administered. Correctly performed, resection leaves the ejaculatory ducts intact and, a point not unimportant to many, sexual function is not impaired.

Broadly speaking, the main indications for the method are: (1) malignant prostatic obstruction, and in such micturition per urethram may be maintained for periods extending often over several years, so avoiding the alternative of permanent cystostomy with its attendant discomforts, nay, miseries. In such malignant cases, of course, repetition of the resection may be necessary owing to further growth of the neoplasm.

In conclusion, we must stress the dangers of an imperfectly performed resection. It is essentially a procedure for the trained urological surgeon who is thoroughly conversant with the endoscopic appearances of the bladder neck and posterior urethra.

Appt.	Period	Date	Renew-able	Resi- dent	Salary	Over- seas	Expe- rience	Women	Remarks or Conditions
Bolingbroke Hospital (121 beds).									
H.S. 1	... 6 months	Oct. 1	No	Yes	£120	Yes	Yes	No	} Must be qualified and registered. Preference given to London men
R.M.O.	... 12 months	Dec. 1	No	Yes	£200	Yes	Yes	No	
Dreadnought Hospital (250 beds).									
H.P. 2	... 6 months	Oct. 1	No	Yes	£110	Yes	Desir- able	No	
Albert Dock Hospital (53 beds).									
H.P. ...	... }	6 months	Oct. 1	6 months	Yes	£110	Yes	Desir- able	No
H. S. ...	... }								
London Homœopathic Hospital (172 beds).									
R.M.O. (3)—									
C.O.	... 4 months	} Oct. 10		Yes	£100	Yes	No	Yes	
H.S.	... 4 months								
H.P. & Gynæ.	4 months								