sit up, or take any exerciſe, in the time of preparation. The warm bath ought to be uſed two or three times, and the pa­tient ſhould remain in it half an hour at each time. A lax­ative ought to be given on the day preceding the operation, and an injection a few hours before it is performed. The patient ought to drink plentifully of ſome diluent liquor, and to retain the urine ſeveral hours previous to the operation. If this cannot be readily affected, a slight compreſſion, by means of a ligature, may be made upon the penis, ſo as to have the bladder sufficiently diſtended, that there may be no danger of the poſterior ſurface being hurt by the end of the gorget. The perinæum and parts about the anus ſhould be well ſhaved.

A table ſomewhat more than three feet in height, and of sufficient ſtrength, is now to be firmly placed, and properly covered with blankets, pillows, &c. Upon this the patient is to be laid and properly ſecured ; and for this purpose there ought to be two pieces of broad firm tape, each about five feet in length, which are to be doubled, and a noose formed upon them. A nooſe is then to be put upon each wriſt, and the patient deſired to lay hold of the middle of his foot upon the outſide. One end of the ligature is to go round the hand and foot, and the other round the ankle and hand, and croſs again, ſo as to repeat the turns in the re­verse way. A running knot is then to be tied, by which the hand and foot will be properly ſecured. The buttocks are then to be made to project an inch or two over the table, and to be raiſed conſiderably higher than the ſhoulders by a couple or more pillows, and one ought to be put un­der his head.

The operator is now to introduce a grooved staff (fig. 83.) of proportionable size, and open to the very end, through the urethra into the bladder ; and having again fully ſatisfied himſelf of the exiſtence of a ſtone, he inclines the ſtaff, if the ſurgeon be right-handed, obliquely over the right groin, ſo that the convex part of the staff may be felt in the perinæum on the left side of the raphe. He then fixes it, and delivers it to his aſſiſtant, who is to hold it with his right hand, desiring him to preſs it gently, in order to make the ſulcus of the ſtaff project in the direction in which he received it With his left hand the ſame aſſiſtant is to raiſe and ſupport the ſcrotum.

The thighs of the patient being sufficiently ſeparated by the aſſiſtants, and the ſurgeon being ſeated upon a chair of a proper height, and in a convenient light, he makes an inci­ſion with a common convex edged ſcalpel through the ſkin and cellular ſubſtance, immediately below the ſymphyſis of the oſſa pubis, which is a little below the ſcrotum, and where the crus penis and bulb of the urethra meet, and on the left side of the raphe, and continues it in a slanting direction downwards and outwards to the ſpace between the anus and tuberoſity of the iſchium, ending ſomewhat lower than the baſis of that proceſs, by which a cut will be made or three or four inches in length. This inciſion ought not to be shorter than is here directed, otherwiſe there will not be room for the rest of the operation. As ſoon as the integu­ments are thus divided, he ought to introduce two of the fingers of the left hand. With one he keeps back the lip of the wound next the raphe, and with the other he preſſes down the rectum. He ought likewiſe particularly to guard against cutting the crures of the penis, which he can readily feel, and ſeparate at their under part with one of the fin­gers. He next makes a second inciſion almoſt in the ſame direction with the firſt, but rather nearer to the raphe and anus, by which he preſerves the trunk of the arteria pudica. By this inciſion he divides the tranſverſalis penis, and as much of the levator ani and cellular ſubſtance within theſe as will make the proſtate gland perceptible to the finger.

If any conſiderable vessel be cut, it is immediately to be ſecured, though this is ſeldom necessary. After this he will have a view of the membranous part of the urethra, which is diſtinguiſhed from that covered by the bulb by being very thin. He is now to ſearch for the groove of the ſtaff with the fore finger of his left hand, the point of which be preſſes along from the bulb oſ the urethra to the proſtate gland, which ſurrounds the neck of the bladder. He keeps it there ; and turning the edge of the knife upwards, he cuts upon the groove of the ſtaff, and freely divides the membra­nous part of the urethra, from the proſtate gland to the bulb of the urethra, till the ſtaff can be felt perfectly bare, and that there is room to admit the point of the finger ; and as the finger aſſiſts in keeping the parts ſtretched, and effectually prevents the rectum from being hurt the inciſion into the urethra may be made with perfect eaſe and ſafety.

The next part of the operation, viz. dividing the pro­state gland and neck of the bladder, might, by a dexterous operator, be ſafely performed with a common ſcalpel, with the edge turned the oppoſite way. But to guard against accidents, a more convenient inſtrument, called the *cutting gorget* (fig. 84.), is now in general uſe. It was originally invented by Mr Hawkins of London, and ſince his time has undergone various alerations. Fig. 85. is a double gorget invented by Dr Monro. The inner plate, which, is blunt, is made to slip forwards to protect the back part of the bladder. The membranous part of the urethra being now divided, and the fore-finger still retained in its place, the point of the gorget, previously fitted to the groove., is to be directed along the nail of the finger, which will ſerve to conduct it into the groove of the ſtaff ; and as this is one of the niceſt parts of the operation, the moſt particular attention is here required that the point of the gorget be diſtinctly heard to rub in the bare groove, and that nothing is interpoſed.

In the introduction of the gorget into the bladder, if the aſſiſtant could be depended upon, the staff might be allowed to remain in his hand : the operator, however, generally chooſes to manage it himſelf. He now riſes from his feat, takes the ſtaff from the aſſiftant, raiſes it to near a right angle, and preſſes the concave part againſt the ſymphyſis of the oſſa pubes ; ſatisfies himſelf again that the point or beak is in the groove, and then puſhes on the gorget, following the direction of the groove till the beak slip from the point of the staff into the bladder. The gorget is not to be puſhed farther than this, otherwiſe it may wound the oppoſite side of the bladder, &c.

The gorget having now entered the bladder, which is readily known by the diſcharge of urine from the wound, the ſtaff is to be withdrawn, and the finger introduced along the gorget to ſearch for the ſtone, which, when felt, will point out the direction to be given to the forceps ; at any rate, the introduction of the finger ſerves to dilate the wound in the bladder ; and this being done, a pair of for­ceps (fig. 8*6.)* of a proper ſize, and with their blades as nearly together as their form will allow, are to be introdu­ced, and the gorget withdrawn slowly, and in the ſame di­rection in which it entered, ſo as to prevent it from injuring the parts in its return. After the forceps are introduced, and paſſed till they meet with a gentle reſiſtance, but no farther, the handles ought to be depreſſed till they are ſome­what in an horizontal direction, as this will moſt correſpond with the fundus of the bladder. One blade of the forceps is to be turned towards the ſymphyſis of the pubes to de­fend the ſoft parts there, the other of conſequence will guard the return. After they have diſtinctly touched the ſtone, by moving them a little in various directions, they are then to be opened; and the ſtone laid hold of, which may gene­