

preferred to introduce as large a staff as possible, as it did not matter about its being readily moveable, as in the case of the sound. The introduction of a small staff required more care and skill, in order to know where the point of the instrument passed. The point of a small staff might pass out of the urethra, and this, too, although its general direction appeared to be correct. This, he said, was not a mere theoretical objection, as he had known such an accident to happen in the hands of a very distinguished operator. Mr. Fergusson added, that if in the case in which he had just operated, he had not touched the stone by the staff, he would not have proceeded. In reference to lithotomy in children, he said, that it was a rule with him to take more time and care than with adults, as he felt certain that there was much more risk of getting wrong with lithotomy in children than in adults. In children the tissues were less firm and the resistance consequently not so great. The incision also was required to be on a smaller scale. He always endeavoured to make as small an opening into the membranous portion of the urethra as possible, and only just notch the prostate or even leave it altogether untouched. The next step, the introduction of the finger into the urethra was, however, the one in which the greatest mischief might be produced by want of care—mischief often irreparable. The membranous portion of the urethra and the neighbouring tissues were, in children, soft and easily torn, and the urethra might give way above as well as below the staff, and thus (separated all round) be pushed before the finger towards the bladder. The finger would then move about in a pouch thus formed, and the completion of the operation would be almost impossible. He had known, however, a surgeon retrieve himself after this error. On one occasion, in cutting a child for stone, he felt convinced that this accident had occurred. He at length succeeded, but after a long time, in getting his finger into the urethra. He then speedily extracted the stone. It was in this case that he first became aware of the danger to which he referred. He had not previously heard of it, and, as far as he knew, it was not mentioned in books. Mr. Fergusson then alluded to the other methods of performing lithotomy. He had cut forty children for stone by the lateral operation, and had lost only one. He felt convinced of the superiority of the operation.—*Med. Times and Gazette.*

REMOVAL OF THE CARPAL AND METACARPAL BONES.

In the *Boston Medical and Surgical Journal* for June 27th, Prof. E. S. Cooper, of San Francisco, reports a case of successful removal of all the carpal, and parts of all the metacarpal bones, accompanied with remarks, from which we are disposed to make a quotation or two. He says, "Excepting among practitioners of San Francisco, it is rare that surgeons attempt the cure of a patient laboring under disease of the tarsal, carpal, metatarsal, or metacarpal bones, without either removing all the bones that are diseased or amputating the limb."

We copy the remarks entire. "The method of keeping the wound open, as pursued in this case, is in accordance with my universal custom in the after treatment of surgical wounds made in operating upon the bones. Though in this case there was no exfoliation of bone during the convalescence, this is a frequent occurrence, and for this reason no such wounds should be made to heal otherwise than by granulations; because, if we promote healing by first intention on the outside, and exfoliation should occur, it will be a source of great local, if not constitutional irritation, provided the exfoliated bone be confined within the limb. By keeping the wound open, however, and causing it to heal entirely by granulation; the detached bone, if any exists, will find an easy egress.

"The second consideration is that of keeping lint in the wound and a roller tightly around the limb, the granulating surface as well as the adjacent parts, thus becoming so consolidated as to prevent the accumulation of purulent matter in any of the neighboring parts, the condition most to be feared after these operations."

We should have observed that, in the case reported, the carpal bones were removed