

catheter, as he believed he could manage it better than a soft rubber, thought he had been able to introduce the soft rubber after a good deal of effort.

I accordingly gave him a silver catheter, after instructing him how to use it. I did not see him again until last October as he had moved to an adjoining town. When he again presented himself last fall I was forcibly struck by the change in his appearance. He had grown thin and pale, and his face showed traces of continued suffering. He informed me that ever since he had last consulted me, he had been compelled to use the catheter, at first not more than four or five times in twenty-four hours, continuing at about the same rate for several years, and occasionally having to use it more often, until two years ago, when it became necessary for him to use it several times a day, the frequency of its use gradually increasing, so that in the last six months before presenting himself, he had been obliged to use it every hour or two day and night.

Suspecting their might be a stone in the bladder I admitted him to the hospital for examination. On the following day I passed a sound and at once discovered a large stone embedded in the posterior wall of the bladder and absolutely immovable. The stone was encysted, and, as far as I could make out, was something over an inch in diameter. Dr. Clinton kindly saw the case with me and operation was determined upon. The nature of the case and its surgical treatment was fully explained to the patient, after which he consented to submit to operation. He requested to be allowed to return home for a few days to look after some business affairs, promising to return in a short time. Returning on the 1st December, he was again admitted to the hospital and prepared for operation by four days' rest in bed, together with frequent irrigation of the bladder with warm boric acid solutions. (The morning before the operation he was given a warm bath and the bowels thoroughly evacuated.) He suffered pain both during and especially after urinating, but at no time had he ever passed any blood. The urine had a specific gravity of 1025, neutral in reaction, no albumen and no sugar. There was an abundant sediment of mucus and phosphates. The prostate was slightly enlarged on its rectal aspect. The capacity of the bladder was ascertained by first drawing off all the urine and then filling with boric solution, when it was found that as soon as two and a half ounces were thrown in the pain became severe: this fact explained the frequency of urination. Being convinced that the stone was encysted and having ascertained that the bladder would not hold more than two and a half ounces of water without an anæsthetic, I determined to adopt the high operation.