of Boston, he had used for many years. A long conversation with Bigelow, however, some months before he died satisfied him he had been using unnecessary force in pressing the rubber pump. Now he did no more than merely dimple the rubber gently between the thumb and middle finger. This was sufficient.

He had not had a large experience of the supra-pubic method. He had found the old classical lateral method generally sufficient and satisfactory. Stones of from three to four ounces in weight it might be safer to remove by the supra-pubic method, although he had many times removed calculi of larger size by the perineum. Large calculi, however, for the reasons given were now comparatively rare.

In few departments of surgery had greater changes taken place than in the *treatment of stricture of the urethra*. Formerly, slow, gradual, steady dilatation was generally practised. Some surgeons—not many—practised the *coup sur coup* dilatation of the urethra. Subsequently Syme's method of external division was practised; but unhappily the operation was not confined to those cases where Syme himself would have employed it, and it fell into disuse. Then divulsion was practised, and about the same time internal division; and a great variety of instruments were introduced for the purpose of division. Later still these two improved methods were combined—moderate divulsion and internal division. He had held to the latter method for the past twelve or fifteen years, and when strictures did not yield readily to the bougie, he resorted to the combined method of divulsion and moderate division. He believed he obtained better and more durable results from this method than from any other. The full calibre of the canal was at once obtained, and it was not difficult to preserve it in that state.

He then spoke of *club foot*, and exhibited a patient who had had an exaggerated talipes equino-varus, with excessive arches, of both feet. In one, he had performed tarsectomy; and in the other division of all the soft tissues of the sole of the foot. These operations were both comparatively new, and he was yet undecided to which he should give the preference. His impression was there were cases where one operation would succeed better than another. (In the present case tarsectomy in one foot had been performed at an earlier date and the deformity was completely removed; in the other foot, operated upon by open division, granulation was still going on.)

A patient was then introduced with *ingrowing toenail*, and Sir William took occasion to say that the misnomer had led to a great deal of mischief and to operations that should not have been performed. He had not removed the toenail, for what is called ingrowing