previously dissapointed me; besides that, the state of her bladder was such—exquisitively sensitive, ulcerated, and the urine passed was thick with ropy mucus and pus—that crushing of the stone into fragments, many of which would remain behind, and so increase the actual disease of the bladder as to render such an operation dangerous, that lithotrity could not be thought of. There remained but lithotomy to be tried; but, looking back to the risk of losing the power of retaining the urine should the sphincter be divided as in the usual operation, I decided to avoid this serious accident, by not interfering with the sphincter, but to enter the bladder through the vagina, beyond the sphincter. Accordingly on the 6th August, having administered chloroform, the bladder slightly injected with water, and a staff introduced through the urethra, the knife was thrust through the roof of the vagina in the mesial line, and carried about an inch and a half towards the uterus, making an opening of sufficient size in the dilatable part of the bladder to admit the common lithotomy forceps which were readily introduced, and the stone at once seized and slowly drawn out. The stone being very porous and friable, a portion of it was crushed in the forceps, and had to be clawed out, and the finer particles washed away by injections of tepid water. The next step was to close the lips of the wound neatly and exactly, and thus retain them. This was effected by five sutures of common flax thread, as more simple, fitting better, and quite as effective as the wire material. A No. 12 female catheter, with two large fenestræ, armed with a shield, to prevent its entering too far into the bladdder, was introduced, and retained *in situ* by an elastic cord. The stone is $1\frac{3}{4}$ inches long and $1\frac{1}{2}$ thick, studded with very rough eminences; it was very porous, and of the phosphatic kind.

All her previous distress vanished, of course; passed the remainder of the day well; slept well that night, and the same for the subsequent time. The catheter becoming plugged with tenacious mucus, had to be withdrawn every two or three hours for a couple of days, to clear it. The bladder then recovered-rapidly, and the mucus diminished. On the sixth day the sutures were cut and removed, the wound being quite healed by the "first intention." On the seventh day she got up to her meals with the rest of the family, and on the tenth day my attendance ceased. From the first to the last, not a drop of urine escaped through the wound into the vagina. She has continued perfectly well ever since, going about visiting her relatives in a state of comfort and happiness unknown to her for a long time past.

I am aware of the saying that "one swallow" does not make summer, and that there are those who will say that this was a "lucky case;" and that will be often followed by a vesico-vaginal fistula: true—in the hands of well-informed surgeons, but who do not possess that mechanical ability which is indispensable to a good and successful one. However, I am satisfied that in the hands of the latter there can be no excuse why every case should not turn out as well as this one. I believe that my experience entitles me to offer an opinion—that of recommending this mode of operating on the female as superior to anything hitherto in use, and as one as nearly perfect as can be hoped for.

I have omitted to mention those minute and numerous details that are essential be observed in and after the operation, because I merely announce the