

of satisfaction, as he had all along and almost alone defended the position now being taken by the most advanced surgeons, who had turned back, and not too soon, from a course which he, Sir William, had always contended was dangerous.

*Removal of the spleen* had been practised in the hospital, but the results were not of a nature to encourage him to resort to the operation, save in those exceptional cases where the local trouble is conspicuous and where the general health is not seemingly disturbed—a condition not generally met with. But if splenectomy could not often be resorted to judiciously, ligature of one or more of the tortuous branches of the splenic artery could be practised before they penetrated the hilus, or when passing along the free border of the organ, and in that way limit or retard the growth of the organ.

*Operations on the kidney* come quite within the thirty years, and to Canada belongs priority in that direction. His first nephrectomy for tumour, nine months in advance of the Germans, upwards of a year in advance of the French, and two years in advance of British surgeons, was not successful, but soon after an operation for painful dislocation of the kidney and hydronephrosis was successful. He rarely operates for displacement, as attention to dressing and tonifying usually suffice, and the patient becomes accustomed to the *error loci*. Even fixation is usually unnecessary.

On looking over the statistics of *stone in the bladder* he found that the horizon of lithotripsy had steadily extended as instruments had reached greater perfection; and no doubt, for the reason that cases of stone were recognized earlier than formerly, the horizon of lithotomy was diminishing in the same ratio. From puberty to the age of sixty was at one time considered to be the period within which lithotripsy could be safely performed. The range of time had now been extended in both directions. In the hospital, children only three years of age had been subjected to the crushing operation without inconvenience, and even extreme old age had not proved a barrier to the use of the lithotrite. He had long disregarded the rule laid down by authors of preparing the bladder for the operation. He prepared it by removing the peccant stone which it contained. He paid no attention to the presence of pus or leucocytes, nor even to the condition of the kidney under any circumstances. Excessive weakness did not deter him from using the lithotrite. Cutting, on the other hand, gave greater shock than crushing; the latter seldom gave any shock. He always endeavoured to remove all the fragments at one sitting. In washing out the bladder, the method introduced by Mercier in France, and brought to the highest perfection by Bigelow,