duction of the Lithotrite itself; and every surgeon knows the difficulty of retaining fluid thus introduced.

3rd. It is recommended not to litothritize unless the patient can retain his urine at least four hours. Although it is highly desirable, as an evidence of absence of irritability of the bladder, that the patient should be able to retain his urine a considerable period, in one of my most satisfactory cases the urine could not be retained as many minutes, but came trickling away into a gutta-percha bag suspended to receive it.

4th. As to the difficulty of sometimes finding the stone, all Lithotomists are agreed. The same difficulty occasionally presents itself in attempting to seize it. The instrument used, in my few cases, was the French one, introduced on the patient's right side, (patient on his back,) the instrument held perpendicularly when passing through the membranous portion of the urethra, the weight of the instrument alone propelling it. The blades were not opened till the centre of the bladder was reached, and, as recommended by Civiale, no depression was made, and the stone was not made to fall into the Lithotrite, as taught by Brodie, Heurteloup and Crampton, but seized where it was found, and generally without the blades of the instrument touching the coats of the bladder, much less injuring them.

In only one case did the patient complain of suffering after the effects of the chlorform had passed away. One of my patients, a shoemaker, was so little inconvenienced by the operation that he rarely lost any of his working hours but went cheerfully to sleep a few moments after twelve, singing the "Marseillaise," awaking suddenly to consciousness, and in time to return to the city to resume his work at one o'clock. This patient was lithotitrized fifteen times altogether—eleven times on first, and four times on second occasion, when calculi had reformed after an interval of several months; yet he more than once declared in the presence of the students "je ne sentais rien," He had several large sized friable calculi—the larger *debris* of which alone nearly filled a two-ounce cerate box.

Seeing the facility with which the calculi were broken up in the few cases submitted to the action of the Lithotrite, and the inconsiderable discomfort attending and following the operation, I am of opinion that, in the adult:

1st. When the stone is small, we should crush.
2nd. When however large, if friable, crush.
3rd. When single, crush.
4th. When multiple, crush.
5th. When hard and large, whether single or multiple—we should cut.
6th. But that in all cases of children, whatever may be the size, or number, or consistence of the calculi, we should lithotomize.

Corner Union Avenue and St. Catherine Street.
Montreal, September, 1872.

N.B.—While this short imperfect sketch, written chiefly for the purpose of adding a little to the interest of the Montreal meeting of the Canadian Medical Association, is passing through the press, I am perusing for the first time, Sir Henry Thompson's admirable work, "Practical Lithotomy and Lithotrity." Although many of Sir Henry's observations are embodied in Holmes, Gant, Erichson, and other works of systematic surgery, the comprehensive and exhaustive nature of his monograph can only be appreciated on perusal. While much of what I have written is fully and ably treated by Sir Henry, I am not a little pleased that many of the impressions conveyed to my mind by the observation of a few cases on this side of the Atlantic, are the echoes of more powerful impressions on the earnest mind of the most accomplished living Lithotritist, by the treatment of cases more than twelve times the number.

A Case of Abdominal Tumor. By E. H. TRENHOLME, M.A., M.D., Professor of Midwifery and Diseases of Women and Children, University of Bishop's College, Fellow of the Obstetric Society of London, (England), Attending Physician to the Montreal Dispensary, &c., &c., &c.

The following presents some features of interest, which has induced me to bring it before the notice of this Society.

The subject of this sketch, Mrs. G., a native of England, æt. 70 years, was a well-developed, fair-sized and healthy-looking woman, with a slight stoop in her gait. She consulted me upon several occasions during the early part of 1870, for pains in the stomach and "dyspepsia." Notwithstanding these occasional attacks, she was able to attend more or less regularly to her duties up to the first part of April, when she was obliged to confine herself to the house on account of the increased violence of the pains already mentioned. The patient, at this time, could not eat her food, sleep, or rest, and by the middle of April, she could bear it no longer, and I was sent for to see her. I found the patient suffering as just described, and much shattered in strength,