

burrowing through the latter, formed an abscess in the lung, and was coughed up by the patient.

Dr. WILKINS said that when he first saw the case the probability of its being an empyema occurred to him, but he, for various reasons, discarded this idea. From the early history, jaundice, etc., he was inclined to regard the case as one of abscess of the liver; but against this was a total absence of a history of fevers, rigors, or sweating. He had now no doubt that the case was one of abscess between the liver and diaphragm. One feature about the case was the apparently slight amount of pain which pressure on the tumor caused.

Dr. SHEPHERD, in reply to Dr. Roddick, said that not one symptom in the early history pointed to an affection of the pleura; the pain was always below the costal cartilages of the right side, and there never was any cough or difficulty of breathing. At the time of the operation there was no pus in the plural cavity. Fluid always finds its way in the direction where there is the least resistance, and this is certainly not the direction of the diaphragm. In his experience the pus in empyema always pointed in the neighborhood of the nipple, and when it pointed elsewhere it did so by burrowing beneath the tissues external to the lung wall of the thorax, after perforating an intercostal space.

*Four Cases of Lateral Lithotomy.*—Dr. FENWICK said: I desire, Mr. President, to lay before the Society four specimens of vesical calculi recently removed by lateral operation.

The first is a mulberry calculus removed in August of the last year from a young fisherman from Newfoundland, aged 22 years, who had noticed the usual symptoms of stone for the past five or six years. For the past year he had been quite unfit for his usual avocations, and at length decided on seeking relief by coming to Montreal. The voyage from Newfoundland was unusually rough, and he stated that the pitching of the vessel was very distressing. The usual operation of lateral lithotomy was performed. The patient made a good recovery; the urine ceased to flow from the wound on the 14th day, and he returned home ten days later.

The second specimen was removed by lateral lithotomy from a Scotch farmer, aged 57, who had suffered from difficulty of micturition for the past year and a half. He had also noticed occasional spasm, persistent pain at the point of the penis,

and frequency in passing urine; he could not retain his water longer than two hours at any time, and more frequently it would be passed every hour. He presented an anxious, care-worn appearance, was a strong, robust man, and otherwise well-nourished and healthy-looking. His physician had suspected stricture, and had failed in an attempt to pass a No. 4 catheter into the bladder. This, he stated, had been followed by hemorrhage, the only time, indeed, in which he had lost blood. An ordinary sound was passed into the bladder and a stone at once struck. The prostate gland was not enlarged, and the urine was found to be normal and otherwise healthy. I may state that this man's brother, a year or two before, had been successfully operated on for stone by Dr. Roddick. Lateral lithotomy was performed on the 27th September last, and the two calculi shown were removed; their united weight is 243 grs. The patient progressed favorably. On the tenth day after the operation he complained of some bladder irritation so that I determined to pass and leave in a soft rubber catheter. This was done with a view of hastening the closure of the wound in the perineum. The pressure of the catheter, however, could not be endured; it was removed on the second day after its introduction. The urine ceased coming by the wound on the fourteenth day. The wound made rapid progress towards improvement and closed on the seventeenth day after the operation, and he was allowed to return home on the twenty-sixth day from the date of operation.

The third specimen submitted was removed from an old gentleman, aged 69 years, by lateral lithotomy. It is almost pure lithic acid, and one of the largest specimens of the kind in my collection, its weight was 625 grs. The operation, which was performed on the 1st November last, was attended with some difficulty owing to the high position of the bladder, due apparently to an enlarged prostate gland. The bladder was, however, readily incised, but on attempting to enter with the finger I found that the point of my finger did not reach further than the commencement of the prostate. Fearing, if I used any force, that the bladder would be pushed beyond my reach, I requested my friend Dr. Roddick, who has a much longer index finger than I have, to complete the operation, this he did with some difficulty; no further cutting was necessary as the opening in the prostate was large enough for the purpose. The bladder was then carefully washed out, and a