Mr. Benfield and Mr. Marriott thought it certainly not sufficiently clear; Mr. Brown of Wymeswold was more satisfied; none of us, I believe, were free from doubt.

In this dilemma, I was influenced by the character and intensity of the symptoms, the hopefulness of permanent good if there were a stone, the rare occurrence of death with us after lithotomy, especially in children, and with Allarton's operation: and after much hesitation, I decided upon opening the bladder at the risk, as I thought, of finding a stone impacted in the end of the ureter, and not being able to remove it.

I chose Allarton's operation, introducing a director along the groove of the staff, and using my little finger between the two as a dilator. In this way, the dilatation was readily effected; the finger entered the bladder, and the staff was removed. A nasal forceps was then passed over the director, but no stone could be found. Frequent attempts with various forceps were made; and once, when passing a large pair in the hope of stretching open the ureter and dislodging a calculus from its end, I found that the lax cellular membrane between the rectum and bladder had given away, and the forceps were admitted into the recto-vesical pouch. This, however, was soon perceived, and the forceps were passed into the bladder.

The movements of the forceps imparted a feeling of slight grating, or rather vibration; but no click could be heard, and the grating was only that often produced by steel instruments rubbing over cut muscular fibres. The examination and operation occupied a long time; but the least possible effect of chloroform was maintained, sufficient to keep down manifestation of pain. Very little blood was lost. 6 p.m.: He had slept nearly continuously, but had spoken rationally. Urine passsd by the wound freely, and only slightly tinged. 10 p.m.: The urine was untinged. He had vomited once or twice. Sept. 27, 9 a.m.: He was perfectly conscious, and winced at pressure on the hypogastrium. Pulse rapid and small. 11 a.m.: There was still considerable stupor, and he had again vomited. He winced still. Pulse rapid; skin hot; urine abundant and untinged. Foveatur abdomen. 7 p.m.: He was suddenly convulsed, both arms especially; the thumbs were turned into the palms; the fingers tightly clenched; the pupils dilated to the utmost, and unmoved by the strongest light. Three grains of calomel were ordered to be taken immediately, and four leeches to be applied to the hypogastric region. Sept. 28, 9 a.m.: He became partially conscious between three and six a.m.; but soon relapsed, and was now profoundly comatose; pupils dilated. He indicated pain when pressed on the hypogastrium; otherwise he was unconscious.

Post-mortem Examination.—Next day at 10 a.m. the kidneys, ureters, bladder, and urethra, as far as occupied by the incision, after full examination *in situ*, were removed. There was no stone or calcareous matter in any part. Both ureters were tortuous in their course, and greatly dilated, so that the little finger passed down them with ease; the dilatation was most at their lower ends, the left forming a complete pouch nearly as large as a pigeon's egg. Beneath and around this a puriform fluid appeared and extended downwards into the recto-vesical pouch, into which the finger readily passed from the wound. The mucous membrane of the bladder was injected posteriorly, and ecchymosis occupied small patches here and there. The sphincter was not lacerated; the urethra, where incised, showed slight ecchymosis; the edges of the incision were turgid and limphy; the *trigone* of the bladder was of an ashy grey. There was a blush of peritonitis in the pelvic cavity. After removing the bladder, &c., the sound was passed with the integuments of the abdomen closed, and the muffled click was heard again, though less distinctly. On opening the pelvis again, this was found to arise from the point of the sound impinging upon the iliac portion of the brim of the pelvis, the edge of which was unusually thin and