

The host was a farmer, Mr. J. J. other wise strong and healthy, age 39. He had been the subject of symptoms of stone in the bladder from the age of about 9 years. At times it produced much pain, but latterly the symptoms had largely subsided, and he really suffered but little. This was explained at the time of operation by the fact that the stone had become partially encysted, and thus was immovable in the bladder.

The calculus was removed by supra-pubic cystotomy on the 1st of June, 1901. On opening the bladder the stone was found with its large end upwards, and its smaller end embedded to a slight extent in the fundus of the bladder behind the prostate. The wound in the bladder wall was made large enough to allow the stone to be removed without undue laceration. After removal the bladder was flushed out and stitched up with two rows of chromicized catgut sutures. The method employed for distending the bladder before operation was that advocated by Greig Smith, viz. by attaching the tube of a reservoir at an elevation of about 2 ft. to a catheter introduced into the bladder, and after stitching up the incision, the bladder was tested for the accuracy of the suturing by allowing it to become distended through the catheter. A tube surrounded by a layer of gauze was used for drainage down to, but not into, the bladder. The patient had no bad symptoms whatever, and the bladder wound healed by first intention, so that at the end of ten days there was no leakage whatever. But shortly after this a very small leakage occurred and persisted for some time, ultimately healing, however, and leaving a good, healthy retentive bladder.

On section the stone proves to have been in the first instance an oxalate of lime calculus. There is a nucleus of very firm, laminated dark brown oxalate about $\frac{1}{2}$ of an inch in diameter and bounded by a very dark crenated line of the same salt. Outside of this is another layer $\frac{2}{3}$ of an inch thick, showing oxalates apparently of very much looser formation with striae radiating towards the centre. On the outside of this central oxalate portion is a laminated crust varying from half an inch to an inch in thickness extending to the circumference and consisting probably of a mixture of urate of ammonium and phosphates. The X-ray photograph of the stone shows these