subsided very much. Several months after, however, the patient relapsed iuto a condition worse than before. Great pain in making water, especially at the close of the act of micturition, urine muddy with sediment of thick muddy mucus. I again passed a No 3 sound, but could discover, nothing. Twice at long intervals the operation was repeated, but always with the same result.

As the symptoms continued, and became urgent, I was positive that nothing but the presence of a stone could cause so much disturbance. I got Dr. Ross to accompany me, Sept. 25 th, and having anæesthetised the patient, we made a thorough examination of the bladder, and at last detected a calculus, being made aware of its presence only by contact and friction. The distinct metallic ring that usually follows the stroke of the sound was absent, irom which we inferred that the stone was a soft one. Being certain that a stone existed, I decided to operate as soon as possible.

On Thursday, September 30th, I called to my assistance Drs. Ross, Roddick, Rodger and Alloway, Dr. Fenwick being unávoidably absent.

Chloroform having been administered, I proceeded to operate. First passing No. 5 staff, and giving it in charge of Dr. Ross, I commenced my incision at the raphé, midway between the scrotum and anus; plunging the knife at once down as far as the staff, and in withdrawing it, cutting obliquely downwards and outwards as far as a point midway between the tuber ischii and anzs.
Inserting my left forefinger as far as the staff, it served as a guide in introducing the knife, to make the second incision, through the prostate and neck of the bladder. Here I experienced the first and only difficulty in the whole operation. Having passed my finger into the bladder the staff being removed, I could with an effort just touch the stone,-and having introduced the forceps-in my efforts to grasp the stone, I invariably included a fold of the bladder: After repeated attempts I withdrew the forceps with the object of uising the scoop instead. In the spoons of

