pieces came away, and others by a repetition of the operation. However, those that remained kindled up such high vesical inflammation and pain, that she refused to submit to new attempts for their destruction—she died. This calcus was an oxalate, concreted in spherical layers, slightly adherent over each other but the individual broken scales were very hard and sharp-edged at the fracture. The other case was in an old woman also, over sixty years. The calculus was alternately of the uric and phosphatic kind. After dilating the urethra, it was crushed with more or less difficulty, producing much less aggravated symptoms than the former case. The treatment was quite protracted, and she never recovered satisfactorily.

I now take the liberty of digressing a little to give my opinion on two subjects founded on an experience of 69 operations of lithotomy; 64 in the male and 5 in the female: 1*st*, Dilatation of the female urethra, which is easily effected; but when carried beyond a certain limit, the complete contractility is not recovered, and subjects the patient to more or less dribbling away of the urine—a serious calamity. 2*d*, Lithotrity, of which I have seen a good deal in Europe. It is an inadmissable operation in all cases in which the stone is oxalatic, in many of the uric, and in a few of the hard crystalline calcareous concretions. In any case, the operation must be repeated, sometimes to a vexatious extent; and often there is left behind a fragment to serve as a "nest-egg" for a future growth. Nor is it an operation free from fatal termination. The cases, must, of course, be selected—that is, to take only such as are soft or friable concretions. and a bladder free from saculations and ulcerations; for in the latter state of the bladder the fragments have an obstinate tendency to bury themselves, more or less, in the mucus or granulations in the viscus, and thereby set up great irritation. Of the numerous cases of lithotrity I have seen, in the hands of others, I have been unable to discover that it possesses any advantages over lithotomy; but I have seen much to deprecate and regret. The only excuse or recommendation I can appreciate for its employment is, that it does away with the dangers incidental to the large cutting requisite in lithotomy, and the great mortality that follows the latter in the practice of *some* operators, but which does not occur to a *few* who are masters in the art. It is not every surgeon, however perfect he may be in anatomy and erudite in surgery, that can operate well—he overdoes or underdoes something which makes all the difference, and tells in the result.

It is time to come to the case which is the subject of this communication.

Mrs. G. W. R., thirty years of age, mother of two children, the last four years old, has suffered slightly for ten years, at times, in urinating. Four years ago she came under the present fashionable treatment for uterine disease such as leeching, scarifying, causticating, &c., of the os uteri, without relief. Since last December her suffering incressed, and prevented her from going about, and in January she had to keep her bed nearly all the time, to avoid the severe paroxoysms that exercise would induce. In the early days of August it was discovered that her sufferings were due to a calculus in the bladder. She then came under my care. It was evident that the only remedy that could relieve her was the removal of the stone. The question to be considered was, what method would answer best. Dilatation of the canal and lithotrity had