

of cases it does the number of patients, who were thereby reduced by two. Of the eight cases of lithotomy I have little to say. They presented no special features of interest—five of them were children. The lateral operation was performed in all but one case—when Allarton's method was followed. They all terminated favourably. One, however, a boy, operated upon four years ago, from whom I removed a stone weighing three drachms 49 grains, still suffers, and probably ever will suffer from incontinence of urine. The number of calculi in each case was one, with one exception. From one patient lithotomized I removed twenty-five calculi; yet within six months I lithotritized him, new calculi having formed in the interval. Of the nine cases of lithotripsy six recovered perfectly, and without a return of the disease; one was operated upon the second and last time more than a year ago; and of the two incompleated cases one, undertaken at a critical period, was abandoned; and one was partially crushed by the lithotrite, but a sacculated bladder rendered recourse to lithotomy necessary. In no case where the lithotrite was used was the bladder injured, and (the same has been observed by others) even when the irritability was considerable before the operation, that irritability was lessened before any *debris* had passed away. Of the average number of sittings in each case I have no record. The greatest number, however, in any case, so far as my memory serves, was sixteen, and the fewest number was three times.

Surgical writers are accustomed to lay down certain rules for the guidance of lithotritists which appear to me to be somewhat faulty, and to some of which I shall allude:

1st. As to the use of chloroform. Chloroform should generally be administered. It was given in all but one case, the nervous, restless condition of the patient, and the frequently irritable condition of the bladder, rendering it necessary.

2nd. It is recommended to empty the bladder and then to inject with tepid water until that viscus contain five to six ounces of fluid. That advice I regard as most pernicious, as the injection of warm water is really more painful, and may be more dangerous, by inducing spasm of the bladder, than the introduction of the lithotrite itself; and every surgeon knows the difficulty of retaining fluid thus introduced.

3rd. It is recommended not to lithotritize unless the patient can retain his urine at least four hours. Although it is highly desirable, as an evidence of absence of irritability of the bladder, that the patient should be able to retain his urine a considerable period, in one of my most satisfactory cases the urine could not be