

I may conclude my very hurried and imperfect handling of a complicated and undecided subject by reminding ourselves that here, as so constantly elsewhere in medicine, one must be on his guard against attempting to generalize too widely, or to adopt too Procrustean a system of classification, and on the other hand against making too many pigeon-holes with their contained theories. The truth, probably here as on other occasions, lies in the midst, and the error of the opposing champions lies not so much in either theory as in their notion that their own theory is always right, and the other man's always wrong.

THE DIAGNOSIS OF STONE IN THE BLADDER.

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The diagnosis of stone in the bladder is by no means theoretically difficult but in actual practice the existence of a stone is often overlooked even when its presence is suspected and search made for it. There came recently under observation a patient with symptoms of stone in the bladder but nothing could be found by sounding, although this had been done on two occasions by one of the oldest surgeons in Canada, who gave a positive opinion that there was none present, but the symptoms came from a large and sensitive prostate. Shortly after he came under my care, and by using Bigelow's evacuator the click of a stone against the tube was quite distinct, and on operating its diameter was found to be slightly over an inch. The reason it was missed by the sound was because it lay deep down behind the greatly enlarged prostate so that the sound passed over it. With the evacuator the outward rush of water drew the stone against the tube with a distinct click. A second case was presented, in which the most careful sounding failed to find a stone, but with the evacuator not only was it found but being of small size it came away in the eye of the tube. Given then the ordinary symptoms of stone and if the sound does not reveal it, I make it an invariable rule to use the evacuator, and if with this no stone is found the evidence is pretty conclusive that none exists unless indeed it be encysted, and in my experience this is an exceedingly rare condition. In children the large tube cannot be used nor is there indeed great need of the evacuator with them for there is no prostatic hypertrophy and the contractile bladder will usually bring the stone at once in contact with an ordinary sound.