

The patient made a good recovery; the urine trickled through the wound during the first fortnight, when it gradually ceased; and on the 21st August, 33 days after the operation, the patient left the hospital for the United States in perfect health, and freed of the malady for which he had come to the city.

The diagnosis of stone is sometimes not easy, but when once its presence is established another difficulty presents itself, that of selecting the operation best suited to its size and hardness. Formerly and even now to those who invariably cut the diagnosis was not a matter of moment, as the knife made a way equally for a large, small, hard or soft stone; but to those not wedded to either operation, it is important to select the right one; otherwise the mortality would be greater than if lithotomy were always chosen.

There are but two ways of getting rid of stone. The advocates of cutting would fain believe that at no distant day the lithotrite will be laid aside, while those in favor of crushing are disposed to hope, that instruments will ultimately be fabricated, capable of seizing any stone, however large, and of crushing it, however hard it may be.

I differ entirely from both, and believe that lithotomy will ever maintain its position as a preferable operation in children, and a necessary operation in exceptional cases, as in the present, in the adult; but that it will, it must give place to lithotripsy in the adult when too long an interval has not elapsed before the discovery of the stone and the attempt at its removal, when its moderate size will permit its being crushed without difficulty on the part of the operator, and without much danger or suffering on that of the patient.

Here, however, in the case before us, there was no choice. The lithotrite was powerless to cope with the increasing hardness of nearly a quarter of a century. Had the stone been discovered earlier it might have been crushed with every certainty of success.

Sir Henry Thompson in a somewhat prophetic strain, says, when addressing his class:

"I hope you will live to see the day when lithotomy for adults will disappear. I do not suppose," says Sir Henry, "I shall; but I do expect to live to see one thing, and that is, lithotomy becoming very much rarer than it now is. You certainly will live to see it one of the rarest operations. I do not say that I look forward to that with any particular pleasure: for it is a grand operation, demanding all the skill, self-command, and force of a man. It is

one of the best practical tests of a good surgeon, and looking at it from that point of view, one cannot desire its discontinuance; but it will disappear most assuredly; and as it will be for the benefit of humanity that it should, we must acquiesce in the result."

Gentlemen.—From my humble standpoint I endorse most fully the views of one of the chief, if not the greatest among living lithotomists and lithotritists; and this from an equal practical acquaintance with both operations, and with a success equal in both.

CASE OF EMBOLISM OF THE LEFT MIDDLE CEREBRAL ARTERY, BY R. A. KENNEDY, M. D., PROFESSOR OF ANATOMY IN THE UNIVERSITY OF BISHOP'S COLLEGE ATTENDING PHYSICIAN MONTREAL DISPENSARY.

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MR. CHAIRMAN AND GENTLEMEN,—It was not until several days had elapsed after my attendance had ceased that I thought of bringing this case before you. It was interesting to me, inasmuch as it was the first of its kind in my practice, and also from the fact that the post mortem examination verified the diagnosis made during life. Enough will be seen from the pathological specimens before you to give an idea of their condition:

J. H., an unmarried female, æt. 27, born in England and of delicate habit of body, had an attack of typhoid fever two years ago, since which time has never enjoyed good health. Some time after recovering from the fever, and during the winter, had walked across the ice to St Lamberts in company with several friends. She suffered severely afterwards, but did not seek medical aid. Since that time she has been unable to walk any distance or exert herself from the great distress and difficulty of breathing thereby occasioned. Did not suffer from palpitation, but occasionally has had spells of fainting. There is no history of rheumatism.

On the 2nd of November, I was requested to visit her, and found her ill from an attack of pleurisy on the right side; a friction murmur being heard over the lower lobe of the right lung. At the same time there was observed over the heart a peculiar burring sound, only heard at midsternum, opposite the third costal cartilage, and during the systole of the ventricles; which gave the impression that something was attached to the aortic valves, and thrown into vibration by the current of blood passing upwards.

A loud mitral bruit could also be heard, most dis-