

Perineal lithotrity, no doubt, has a great future, and on account of its safety may replace both lateral and suprapubic lithotomy. Forbes Keith, of Delhi, India, has operated by this method 157 times, with a mortality of 1.9 per cent. (*Lancet*, September 30th, 1893.)

In conclusion, the choice of operation may be briefly summarized, as follows:

1. Litholapaxy is certainly the operation of election in all simple cases of stone in the urinary bladder.

2. When the stone is too hard or too large to be crushed through the urethra or removed by the lateral method without injury, the suprapubic method should be adopted or, perhaps better, by perineal lithotrity.

3. When the stone is encysted or associated with a tumor of the bladder or prostate, choose the suprapubic route and remove both at the same time.

4. Where there is a tight, deep urethral stricture, especially when fistulæ exist, requiring a long operation to overcome, select the suprapubic or median perineal operation.

5. In ankylosis of one or both hip joints, which interferes with the use of urethral instruments, and excludes all perineal operations, do suprapubic lithotomy.

6. In the presence of foreign bodies in the bladder, which may form the nucleus of a calculus and resist the lithotrite, perform one of the perineal methods.

7. Although litholapaxy applied to children is very successful in the hands of experts, for the present lateral lithotomy is the safer operation for the general surgeon.

8. Litholapaxy should be carried out, whenever possible, when senile degenerations exist, or when there are morbid changes in the genito-urinary apparatus, and the necessary treatment afforded to the complication, either before or after litholapaxy.