

centimetres ($1\frac{1}{2}$ - $1\frac{3}{4}$ inch) in one of its diameters. Moreover, the sensation of contact was rather soft, as if we had to do with a phosphatic calculus, but it is probable that in the middle of this deposit of phosphates there is a very hard nucleus.

The sound has, moreover, shown us that, although the stone can be easily felt, it is nevertheless necessary to look for it at a considerable depth. This latter fact induced us to renew the exploration per rectum while the catheter remained in the bladder. We then felt that the calculus was in fact situated considerably below the sound, and that consequently it was a pretty large one, unless indeed it had in some manner hollowed out a lodgment for itself in the *bas fond* of the bladder. I do not mean to say that it was encysted; for this phenomenon is so rare, however much it may be talked about, that we should only accept with reserve those observations in which the stone enveloped in a pouch of the mucous membrane only communicates with the bladder by a more or less narrow orifice.

This *ensemble* of signs furnished by the local examination led us to conclude that the stone was large. As for determining more precisely what its dimensions were it was a matter of utter impossibility. All that we could say was that it was about the size of a small hen's-egg or of a large nut.

But there was another question to be discussed. Was the stone of old or of recent formation? It was difficult to pronounce upon this point, for we had nothing to enlighten us except the statements of the patient, and they were not of a nature to enable us to solve the difficulty. Examination of the stone alone will determine this; and if, after its extraction, we find in its centre, as I expect we shall, one of those hard nuclei of Oxalate of Lime, which so often constitute the calculi met with in children, we shall be in possession of material proof that it dates back to the earliest days of his disease, and that, far from being the consequence, it has been the cause of the cystitis which we have observed. Whatever may be the fact, taking things as we actually find them, we have to do with a patient of extreme sensibility, who is suffering from a stone probably over the aver-

age size, and who above all is young. Under these circumstances, I have not hesitated to propose the cutting operation to him, and his age is the chief reason which has determined me in doing so. In fact a patient of 21 years is still within the period in which lithotomy may be done under satisfactory conditions almost as well as during childhood, for, at this epoch, the neck of the bladder is still sufficiently pliable to allow even a voluminous calculus to pass without determining any of those rents which render extraction of the stone so serious in persons of a more advanced age.

Then again this young man has considerable pus in his bladder, perhaps, too, he already has pyelitis; so that to do lithotripsy with the necessity of going through a number of longer or shorter sittings, together with the extreme sensibility of the patient, we would run the risk of setting up a reaction which might become exceedingly grave, and later when we should be obliged to resort to this extremity (cutting), we should no longer be in a position to do lithotomy except under unfavourable conditions. At present, on the contrary, we are in a position to perform a relatively simple operation, and by this means we can assure to this boy greater chances of cure than by lithotripsy. It is, therefore, on account of his age, the size of his stone, the special sensibility of his organs, and of the individual himself, and lastly on account of the state of his bladder and the probable alteration of his kidneys, that I have decided, in this case, to practise lithotomy. You may perhaps object that we would arrive at the same end by doing lithotripsy under chloroform. To that I should reply that, in themselves, the sittings of lithotripsy are a small matter, and that what is important is what takes place between the sittings. During the interval, in fact, the patient voids the fragments: but, we cannot keep giving chloroform to prevent the bladder contracting and expelling the *débris* it contains. This boy would therefore be exposed, between the sittings, to suffer the pains resulting from the propulsion of the fragments towards the neck of the bladder, and we should thus see renewed, after each sitting, a cause of danger which we shall certainly avoid by cutting. I shall not here enter into the details of the operation, for they are well known to you; but shall rest content with having pointed out to you the reasons which have determined me to practise lithotomy in this case.—*Gazette des Hôpitaux.*