from whose anatomy I copy the following paragraph :—" The next season it being my turn in St. Thomas's, I resumed the high way, and cutting nine with success, it came again into vogue; after that every lithotomist in both hospitals (St. Bartholomew's and St. Thomas's) practiced it; but the peritoneum being often cut, or burst (twice in my own practice), though some of these recovered, and sometimes the bladder itself was burst from injecting too much water, which generally proved fatal in a day or two. Another inconvenience attended every operation of this kind, which was, that the urine lying continually in the wound retarded the cure, but then it was never followed by any incontinence of urine. What the success of the several operators was I will not take the liberty to publish, but for my own, exclusive of the two before mentioned, I lost not more than one in seven, which is more than any one else I know of can say. Whereas in the old way, even at Paris, from a fair calculation of above 800 patients, it appears that near two in five died. And though this operation came into universal discredit, I must declare my opinion that it is much better than the old way to which they all returned." Even in Cheselden's time, notice how favourably the results of the supra-pubic method compare with other methods practiced at the same time.

In reading on this subject one cannot fail to notice the gradual decline of the once brilliant operation of lateral lithotomy. True, our ordinary text books still recognize it as the chief method, and give it special prominence and description, but our text books are almost always two or three years behind the best and newest theories of our greatest men.

Sir Henry Thompson states that all patients with stone in the bladder under the age of 13 years are proper subjects for lithotomy, and are not suitable cases for lithotrity. The death rate in these cases being only 1 in 15 or 16 after lithotomy. He also shows that in ordinary pauper and hospital practice one half of the cases that present themselves are below 13 years of age. This he proves by a careful collection of 1,827 cases, fully one half being under this age. He then goes on to prove that all cases over puberty should with few exceptions be subjected to lithotrity, and brings a whole array of strong and conclusive arguments to show how much safer and more successful lithotrity is in these cases than perineal lithotomy, being an English operator he makes no calculation on the supra-pubic plan. In this way Sir H. Thompson confines the operation of lithotomy to all cases under 13 years, all between 13 and puberty in which lithotrity is counter-indicated and a few exceptional cases over puberty. Now it is obvious that the great mass of these very cases which this distinguished surgeon reserves for lithotomy are much more suitable for the supra-pubic than for the lateral operation. More particularly those under puberty and those over that age in whom large sized calculi exist. Thus we almost dispense with the perineal operation altogether.

Let us make a brief comparison of the anatomy of the regions in which these two operations are performed. In performing the lateral operation the incision is usually made on the left side of the median raphe, commencing half way between the anus and the scrotum to a point midway between the anus and the tuber ischii, and reaching into the neck of the bladder. This incision divides the integument, the superficial fascia, the external hæmorrhoidal vessels and nerves, the posterior fibres of the accelerator urinæ muscle transversus perinei muscle, and artery (in some cases the superficial perineal vessels and nerves) deep perineal fascia, the anterior fibres of the levator ani, part of the compressor urethræ, the membranous and prostatic portions of the urethra and part of the prostate gland. In the supra-pubic an incision three inches long in the median