

carefully performed, it involves no permanent injury to the parts, nor does it disturb any physiological function. Its sequelae are few and rarely serious. Suprapubic lithotomy causes no permanent trouble, although a fistulous opening sometimes remains which refuses to heal, and is a constant source of discomfort to the patient. There may be difficulty in a very fat patient in reaching the bladder above the pubes, or in obtaining sufficient room to reach that viscus, owing to the close relations of the peritoneum to the pubic bone. Hemorrhage and urinary infiltration, with consequent sepsis, constitute the chief dangers of the operation. The presence of a wound in the bladder wall may be the cause of adhesions to the abdominal wall or pubes, and so interfere with the proper contraction of the fibres of the bladder, or a urinary deposit may take place on the scar and lead to a recurrence of stone.

The lateral operation passes through important structures. Incontinence of urine, fistula, injury to the seminal ducts, sometimes resulting in sterility, are objections urged against this operation. It often involves an extensive incision into the prostate, or serious bruising of the gland, by the necessary dilatation of the neck of the bladder, and the extraction of the calculus through it—a grave danger in old people. Profuse hemorrhage and injury to the rectum must also be taken into account.

An account of the various operations for the removal of stone would be incomplete without reference to perineal lithotripsy, proposed by Dolbeau, in 1862, modified by Reginald Harrison, and described by him in the *Lancet* of September 22nd, 1888. Mr. Harrison, by a small median incision, opens the membranous urethra on a grooved guide, digitally dilates the prostatic urethra and neck of the bladder, and then, by a giant lithotrite, introduced into the bladder, crushes the stone and removes the fragments by forceps or aspirator.

In the Bradshaw Lecture of 1896, Mr. Harrison points out the advantages of perineal lithotripsy as follows: (1) It enables the operator to crush and evacuate large stones in a short time. (2) Less risk to life than other cutting operations, and is well adapted to the old and feeble, where for any reason crushing is inadmissible. (3) It permits of more effectual washing of the bladder and any pouches connected with it, as the route is shorter and larger tubes may be used. (4) The bladder may be more thoroughly explored by forceps or finger to ascertain that the viscus is cleared of *débris*. (5) It allows of efficient drainage of the bladder by rubber tubes, and treatment of cystitis due to retention of urine in pouches in its walls. This method is also well adapted for the cure of stricture in the deep urethra when complicating stone.