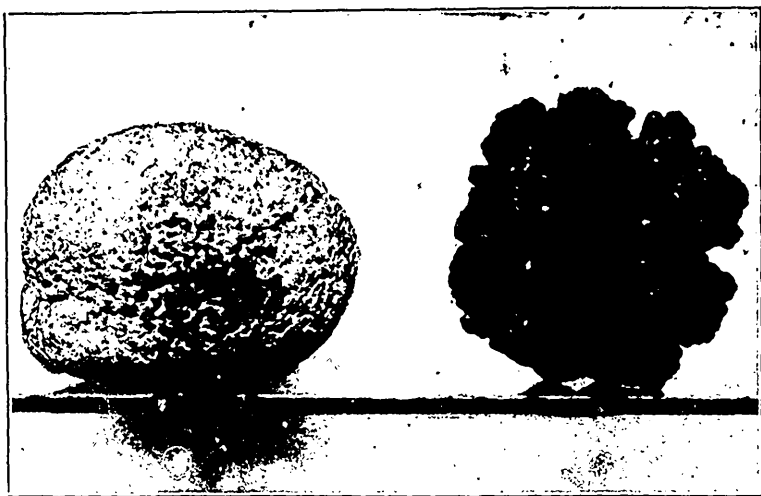


sent to the St. Michael's Hospital, where, in spite of several efforts, we failed to catheterize him.

On rectal examination a very large prostate could be felt. The patient was in great distress, the bladder distended to the umbilicus, and the urethra sensitive and strongly contracted. He was advised that an operation was necessary and he was immediately prepared.

On opening (Sept. 26th) the bladder suprapubically we immediately came on the stone encysted in the upper and posterior aspect of the bladder wall. It was freed from its adherent tissue and with some difficulty, on account of its numerous mulberry processes, brought through the abdominal wall.



The softened and engorged prostate pushed the bladder upward and surrounded it so that the finger could be passed into a funnel shaped lower part of the bladder for two inches at least. On account of his condition no attack was made on the prostate.

The bladder was irrigated with boracic acid and drained through the wound.

Convalescence was uneventful, and Mr. E. is still enjoying his nearly four-score years. The stone is a black oxalate of lime, mulberry formation, weight 583 grains, and is a most beautiful specimen.