

ing better than cold water, because it coagulates the albuminous portion of the blood. In tying the arteries I have been careful not to include the nerves. Always use strong ligatures and tie firmly. The nerves and tendons must be retrenched, so that they may not be compressed and implicated in the cicatricial contraction of the stump. Here you see there is an abundance of tissue left to cover in the bone.

We shall not close the wound for four or five hours; by that time the parts will be covered with plasma or lymph, making a glazing as it were. Then it will be proper to draw the parts together at several points by the interrupted suture. I do not believe in closing up wounds immediately after amputation. If I were to close up this wound now, it might bleed between the surfaces, and this blood would putrefy. The vessels and absorbents taking up the decomposing and septic material might give rise to pyemia and death. The man will be given half a grain of morphia hypodermically, and will be treated on general antiphlogistic principles, so as to keep his system supported by plenty of fresh air, good diet, and tonics. Gangrene occurs, as a rule, in asthenic cases, and calls for that form of antiphlogistic which may be styled corroborant.

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After the operation, the patient was treated with large doses of quinine and whisky; and although there was some sloughing of the flap, he is now, about two weeks since the amputation, in pretty fair condition. The sloughs have separated and the wound is healing by the granulating process.

LITHOTOMY COMPLICATED BY VESICO-RECTAL FISTULA, DUE TO A PREVIOUS OPERATION.—The next case is that of a man whom I had before you last Saturday. I explained to you then the nature of the case, and told you that he had had an operation for stone performed in the country, seventeen months ago, and that the operation lasted for two hours.

The patient tells us the stone was not all removed, but this is hard to decide; however, whether or not the stone was all removed at that time, we are quite sure there is one now within the bladder, of considerable bulk. He has the

rational symptoms of stone, such as pain, tenesmus, and frequent desire to urinate; and the sound introduced into the bladder through the urethra gives the characteristic percussion sound when it strikes the calculus.

On examination, it is found that the perineal wound has never entirely closed, and the urine has been passing out through the perineum ever since the operation. I told you there was also a wound in the lower bowel of considerable size. Hence, the unfortunate patient has urine escaping by the rectum, the perineal wound, and by the penis.

We will attempt to close these openings by an operation, after removing the stone now in the bladder. In regard to operation for stone in the bladder, I may say to you that great care should be taken not to wound the rectum; for although it may not interfere seriously with recovery, yet the chances are that it will cause trouble, by leaving a permanent communication between the bladder and rectum. I never in my life had the misfortune to perforate the rectum in an operation of this kind, and I regard the occurrence as a great evil, though by some it is not considered as such.

If the urine is allowed to pass into the rectum, great pain and irritation is the result; and if the fecal matter is allowed to pass into the bladder, even greater injury may follow. A long time is required to heal such an opening, if indeed it can be healed at all; and in any event the surgeon should guard against such an occurrence.

When about to perform lithotomy you should see that your patient is properly prepared before you attempt to operate. This man has had his bowels well moved, as should always be done; and it is often well to give your patient a little whisky or brandy before the operation. Your instruments should be spread out on the table in the order needed, and carefully covered with a towel, so that the patient may not see them, as every precaution must be used to prevent shock. The parts should be shaved previous to the operation; and when everything is prepared, the staff is inserted and held in the proper manner, with its curved portion firmly supported against the arch of the pubes. There will probably