and he suffered no very great pain during the operation and none afterwards, nor was it followed by any rigor or acceleration of the pulse.

I directed him to take immediately Liq. opii. sed. M 10. and to remain in bed, voiding his urine whilst lying supine for two days, to prevent fragments passing whilst the urethra might be a little tender.

Feb. 19th—(second operation)—I used the same lithotrite, crushing ten fragments, two of which measured nearly $\frac{7}{8}$ of an inch in diameter. There was no tinge of blood, and no rigor followed.

Feb. 24th—(third operation)—I again crushed ten fragments (not so large as the others). He had passed many pieces and pulverised stone, and said he had been much easier, and could hold his water longer.

Feb. 26th—(fourth operation)—I again crushed ten fragments. There was no tinge of blood, and less pain than during the first operations.

March 2nd—(fifth operation)—I crushed ten very small fragments, the largest $\frac{3}{8}$ of an inch in diameter. There was no blood, and scarcely any pain. The urine for some time past had been free from mucus, and micturition not abnormally frequent.

March 5th—(3 weeks after the 1st operation)—I examined him with a lithotrite, but could detect no fragment. He said he was quite free from any uneasiness about the bladder, and his strength much improved. Before the operations he was afraid to make an incautious step; at this time, three weeks after the first operation, he had no pain from violent concussion of the body.

Between two and three months after leaving the hospital, he wrote to say that he remained quite well.

Considering the size of the stone, its long continuance in the bladder, and its hardness (most of the fragments looking like oxalate of lime), this was one of the most satisfactory cases of lithotrity one could have.

Case 2—Another very satisfactory case of lithotrity I had in the hospital in September, 1868. Joseph P——, aged 22, an out patient, had a small calculus lodged in the urethra, near the neck of the bladder, which several times caused total retention of urine, which was relieved almost daily for about a week by Dr. Hampton.

On September 28th I was asked to see him, when I pushed the stone back into the bladder, and crushed it, using a small lithotrite (the old fenestrated form, as I had not then Weiss's improved instrument). There was no tinge of blood, and no pain. He walked home immediately after, passed the fragments the next day, and remained well a long while afterwards when I last heard of him.