

more apt to be sacculated, and the chance of fragments being missed by the evacuator are decidedly greater. A healthy bladder would, no doubt, rid itself of such *débris*.

*The State of the Urethra, Bladder and Kidneys.*—Stricture of the urethra, in any part of its course, is no longer an obstacle to crushing, for it may be first dealt with either by divulsion or internal urethrotomy. If, however, an old, indurated, tortuous stricture exists, especially if complicated with fistulæ; or if the urethra is intolerant of instrumentation, and rigors and fever follow any attempt at dilatation, it will be necessary to cut, for this would permit the removal of the stone and the cure of the stricture.

Enlarged prostate does not prohibit litholapaxy if the necessary instruments can be introduced, and many brilliant results have been obtained in such cases, but it may be difficult or impossible to seize the calculus with the lithotrite, and, even if the stone be broken, there may be great difficulty in finding the fragments, and also the danger of leaving fragments behind while aspirating. Here the suprapubic operation, in the hands of the general surgeon, will be advisable.

In old men with enlarged prostates, where the necessary mechanical disturbance attending litholapaxy stirs up the vesical neck so that a cystitis, more or less intense and prolonged, follows the operation, E. L. Keyes, in a paper read before the Medical Society, New York, in 1892, pointed out that "these cases do well under lithotomy, and in them the suprapubic method should be adopted, because it allows the surgeon to deal at a single sitting, not only with the minor necessity—the small stone—but also with the more important and permanent disability—the enlarged prostate—by prolonging the superapubic lithotomy into a prostatectomy and making the patient's necessity the surgeon's opportunity."

Where the stone is encysted, or lodged in the opening of the ureter, or urethra, and cannot be dislodged, or a concomitant tumor or tuberculosis of the bladder exists, suprapubic lithotomy is the operation of election, for by no other method can both be dealt with. In diseased conditions of the bladder or kidneys, which so militate against the chances of recovery in all operative procedure, or in cases of unhealthy urine arising from either, the opinion of Sir Wm. Hingston, of Montreal, is to the effect that "the lithotrite is as safe an instrument as the lithotomist's knife. Nor should an attempt at the removal of a calculus by either method be delayed pending an effort—usually fruitless—to improve any of these conditions."

*The Damage Done to Anatomical Structures and Interference with the Functions of the Part.*—The especial superiority of litholapaxy to all other methods lies in the fact that, when