

director was then passed through the urethra, curved two inches from its distal extremity, with its convex surface pressing firmly in the median line against the base of the bladder, behind the neck. I then, with a sharp-pointed knife, transfixed the vesico-vaginal septum, following the groove in the director, dividing backward in the median line one inch and a quarter. I learned that it was necessary to cut in the groove of the director, and that the director should be pressed firmly against the septum, to hold the vesical and vaginal surfaces together, so that the openings in the two cavities should be in correspondence. The stone was grasped by the forceps, and a larger portion of it removed, though somewhat crushed. The other pieces were removed with a scoop, and the bladder thoroughly washed out. The sutures were applied in the usual manner for vesico-vaginal fistula, with the catheter in the bladder, and other requirements usually adopted in these cases.

The second day after the operation Dr. Bragdon, in a letter, says: "I found our little patient very comfortable. I removed the catheter that was in and introduced the other. Morphine ordered to be continued once in six hours."

Four days after the operation, Nov. 27th, Dr. Bragdon said: "I have seen the patient this afternoon and am happy to say she is doing finely. The catheters have been changed frequently. Morphine is administered twice a day." He also stated that there had been quite a quantity of sedimentary gravel passing away from time to time.

December 7th, on the fourteenth day after the operation, Dr. Bonney removed the sutures. Later, I received a letter from Dr. Bragdon, bearing date Jan. 12, 1871, in which he said: "For nearly one week after the removal of the sutures, she suffered some difficulty in voiding urine; then, for a time, was quite comfortable, but not entirely free from difficulty. About one week ago she presented symptoms like those existing before the operation. Having no ether with me at the time of my call, I deferred an examination until to-day, Jan. 12th, when, finding the symptoms still existing, I administered ether and examined by the sound, and found a stone of considerable size existing in the bladder."

He then advised my attendance on the case. Later, Dr. Bonney, by my advice, being sent for, he introduced a small pair of forceps and crushed the stone, which was of considerable size. Another introduction of the forceps revealed another stone, which was removed. Both were of the phosphatic character, and I may here state in regard to the first stone, that from an analysis by Dr. Gerrish it is principally made up of the ammonio-magnesian phosphates, weighing about two drachms.