

some cases easily happen that the apex of the prostate is also cut, although in the case in which the patient died it was found entire. I now take hold of the handle of the catheter, and passing my left fore-finger into the wound, feel the groove exposed; and as others would pass some form of gorget through the prostatic portion of the urethra and neck of the bladder, I only introduce my finger into the bladder, being certain it never can make a false passage, since I keep it in contact with the metallic instrument. I take care, nevertheless, not to pass my finger along the groove, because I should then thrust it against the internal or posterior angle of the wound, and then against the great bulk of the prostate. Scarcely do I touch the groove before, instead of following it, I pass my finger upon the right side of the staff (as regards the patient) and carry it quietly and without any obstacle into the bladder. One of the advantages of this modification is, that it enables me, in most cases, to come at once in contact with the stone.

"I then remove the staff, still, however, retaining my finger within the track of the incision, and gently moving it about in a semi-rotatory manner, effect a much greater dilatation of the prostatic urethra and neck of the bladder. Next, I pass in the forceps behind my finger and seize the stone. It has to pass along a track of only from 12 to 15 lines, or even less, since the inverse cone formed by the forceps approximates the neck of the bladder and urethral aperture, for which reason the space is shorter and more easily dilated. I remove the stone with two, or at most three semi-rotations, performed with circumspection and care, along an axis, which, commencing at the centre of the bladder, should pass through its neck, and following the centre of the prostatic urethra, terminated in the centre of the perineal aperture.

"I am in general not more than a minute after opening into the urethra before I have extracted the stone, and the operation has always succeeded in my hands. Safety, simplicity, and celerity, I have already said are desiderata of every operative process, and I am in a condition to prove that they attach to this one recommended by me. All I employ are simply a bistoury and the forceps—*simplicity*, surely, in comparison with the multiplicity of complicated instruments which has been recommended in the various and numerous modes of performing *Cystotomia*. By passing my finger along the staff, I secure that *safety* which is not usually a characteristic of operations for stone. It is related that even the celebrated Scarpa passed the gorget, which was looked upon as the palladium of his fame, in between the bladder and the rectum. The same thing has occurred to many otherwise skillful operators. * * * * I am certain of not injuring either the pudendal artery, the prostatic venous plexus (so frequently in a varicose condition in the aged), the body of the bladder, or the rectum. Farther, by the preservation of the whole, or nearly the whole, of the prostatico-vesical canal, inflammations between the rectum and bladder are avoided, inasmuch as urinary infiltration is prevented, in consequence of the prostate not being divided. * * * * The *rapidity* of the operation is shown by the fact, that instantly after I have opened the urethra I have the stone in my hand; and any one who has ever once performed this operation, will bear witness to my assertion. I may observe that it seems almost impossible that so many operators, at all periods, have written so much, and cudgelled their brains to invent new operative procedures for lithotomy by deep prostatico-cystic incisions, while, with a simple *urethrotomy*, the desired end may be obtained, as I can prove by so many cases."

48. *Lithotrity*.—M. CAZENAVE, of Bordeaux, read to the Academy of Medicine of Paris, Nov. 11th last, a short statistical notice relative to the operations of lithotrity, performed by him during the past fifteen years. The number of these operations was 52. Of these 43 were entirely successful, 8 terminated fatally; one patient alone continued to suffer after the operation, although he had been relieved of two large calculi. Of the 8 fatal cases, in 3 death resulted from causes entirely unconnected with the operation. The details of these 3 last cases were given.—*Gaz. Med. de Paris*, Nov. 15, 1845.

49. *On Lithotrity as a means of removing stone from the bladder*. By Sir PHILIP CRAMPTON, Bart., F. R. S., &c. &c.—If there is one subject more than another on