proved to be a sarcoma. About six months later two nodules appeared in the site of the old scar.—*Med. Chron.*, Nov., 1886.

W. BRUCE CLARKE (London).

III. A Case of Nephrolithotomy. By D. HAYES AGNEW, M. D. (Philadelphia). A man, aged 37, had suffered pain in the left lumbar region for more than two years, and at one time there was a small well-defined swelling there; under a tentative diagnosis of renal stone, an exploratory lumbar section was made, allowing some pus which had evidently been confined for some time about the kidney, to run out. By careful exploration of the gland, a stone was found, filling the entire pelvis and sending its prolongations into the infundibula, composed chiefly of phosphate of lime and uric acid, and weighing 275 grains. This calculus was removed, the wound closed, dressed antiseptically and drained. The patient was discharged from the hospital on the 25th day after the operation, with a slight lumbar fistula only.—*Med. News*, June 18, 1887.

IV. Hypogastric Cystomy. By MARC SÉE (Paris). From a careful and complete study of the subject, the author concludes: (1). After hypogastric cystotomy not followed by suture of the bladder, it is useless and dangerous to insert a retained catheter in the urethra, at least for the first seven or eight days. (2). Immediate union of the vesical wound, obtained several times, is the end towards which the efforts of surgeons should be directed in every case where success is possible. It is of the highest importance that the hypogastric wound should be as clean and regular as possible. (4). The various modes of drainage of the bladder have not the importance which has been attributed to them. (5). The abdominal decubitus and the lateral decubitus give excellent results and should be tried more frequently than heretofore. (6). The accessory means of protecting the wound (suture of the bladder with the skin, antiseptic powders and gauzes, irrigation, continuous baths, etc.) may be utilized with advantage.—*Revue de Chirurgie*, Feb., 1887.

V. Suprapubic Lithotomy. By FREDERIC S. DENNIS, M.D., (New York). This paper opens with a historical introduction assign-