The important logical conclusion to be derived from the mass of facts considered was, that lithotrity is an eminently successful operation. For a certain number of cases, its success may be regarded as a certainty—absolutely without fear of any contingency, except such as attends the minor operations of surgery; for example, the opening of a small abscess, or the passing of a catheter. For the author stated that he had never lost a patient in the whole course of his experience after crushing a stone which was no larger than a small nut; and this he considered was a size at which, with few exceptions, every stone ought to be discovered. But this very fact led the author to remark that the success of lithotrity cannot therefore be considered apart from a knowledge of the extent, in regard to the magnitude of the stone and the constitution of the patient, to which the capabilities of the operation have been pushed. When it is employed for stones as large as a date, or a small chestnut—and it is impossible to deny the excellent chance of success which this method offers to the subjects of such stones—a certain, but still only small, proportion of deaths must be expected. And the rate of mortality will correspond with augmentation in the size of the stone, and with the amount of existing disease and age on the part of the patient. Given a small stone in a fairly healthy person, and success is certain; the possibility of contingency in such a case depending only on the presence of those remote and excessively rare conditions which will make for an individual here and there the mere passing of a catheter a cause of death. The rule observed had been, for the most part, to apply lithotrity to all calculi obviously less than an ounce in weight, easily discovered by sounding, and to operate on all larger ones by lithotomy.—*British Med. Journ.*, June 4, 1870.

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48. *Lithotomy.*—Mr. Holmes Coote says (*Lancet*, May 21, 1870) that "lithotomy, properly performed, is not in itself so serious an operation as some authors have made it. The last 22 cases performed at St. Bartholomew's Hospital have been without exception successful. In unfortunately fatal cases the cause of death is not hemorrhage, or very rarely so. I cannot recall a case of death from hemorrhage at St. Bartholomew's Hospital during the whole period that I have been attached to that institution. Neither is extravasation of urine a common cause of death with good operators. But when the kidneys have become diseased, the patient's power of recovery seems wonderfully diminished; and inflammation of the peritoneum is an event which the surgeon justly holds in dread."

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49. *Necrosis of the Humerus; Resection; Recovery.*—Dr. Demarquay relates (*Wien. Med. Zeit.*, 1869) the case of a huntsman who, six years previously, had received a gunshot wound in his arm. From the wound, which healed readily, no immediate bad effects were experienced. After the lapse of four years the patient first began to experience severe pains at the seat of the wound; an abscess soon formed there, which, on breaking, gave origin to a fistula, from which were discharged pus and fragments of bone. A probe passed into the fistula came in contact with necrosed bone. A resection of the diseased portion of the bone was performed, and the patient recovered without the occurrence of any unpleasant symptoms. Upon an examination of the excised portion of bone, no sequestrum was found, but in the course of the enlarged medullary cavity of the bone, which was lined with a grayish, lardaceous pus-like matter, in which the microscope detected light granules of fatty matter, there were found masses of a hydatidiform appearance. D. F. C.

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50. *Preventive Treatment of Syphilis.*—At a clinical lecture delivered by Prof. Thiry, of Brussels, he warned his pupils against resorting to precipitate treatment of venereal sores under the idea of preventing syphilis. Until the chancre becomes indurated it is not, in fact, syphilitic at all, and, so far from being benefited by mercury, it not infrequently becomes phagedænic. The mercury is not indicated until induration appears. Then it acts as a curative, not a preventive, agent. The treatment of the chancre itself prior to this, whatever its form, extent, seat, or duration, should be local, yet energetic;