not only insures, with common care, complete removal of the source of irritation, but also, by suspending the functions of the diseased viscus, gives it the advantage of rest, as well as the relief caused by loss of blood from the neighbouring vessels. Even when the bladder is tolerably sound, a large stone of ordinary consistence is unfavourable to lithotrity; for the fragments must also be large, until after much manipu­lation ; and attempts to pass such fragments must be attend­ed with much pain and some danger. The immediate result of lithotrity in such cases is, “like the partial delivery of a pregnant woman,” very unsatisfactory. The fragments may become firmly impacted in the urethra, causing retention of urine, and all its direful consequences. When this happens, and the impacted portion will not yield to an attempt to push it again into the bladder, it must at once be reached and removed by incision in the mesial line ; and then the surgeon may take the opportunity of extending the wound a little farther, and with his finger and a scoop effectually clear the bladder of all remaining detritus. Lithotrity is scarcely applicable to young subjects ; the parts are not sufficiently capacious, the patient is too restless, and the concretion, usually of oxalate of lime, is too hard to be easily pulverized. This is the less to be regretted, as in them well-performed lithotomy seldom if ever proves unfortunate. Among them, therefore, and “ those of mature age who are so foolish or so ill informed as to permit the stone to attain an inordinate bulk,” lithotomy must still prevail. It is an operation certainly more alarming to the patient, and to the surgeon may be more difficult and perplexing; but when dexterously and skilfully executed, we doubt much if its average risk exceeds, or even equals, that of promiscu­ous lithotrity; its efficiency is indisputably greater. The mode of operation pursued by Mr Liston, the most dexter­ous, elegant, and successful lithotomist of the present day, is similar to the method of Cheselden. For its details we beg to refer to Mr Liston’s late work on Practical Surgery, where the modern lithotriteur is also minutely described. He attributes much of his success to limited incision of the prostate, so as to preserve the internal cellular tissue of the pelvis from infiltration of urine; and to the insertion of a gum elastic tube in the wound, so as to afford a free exit to the urine, and diminish the risk of its poisonous infiltration, while at the same time it facilitates the arresting of haemor­rhage, should this occur. “ The operation of lithotomy,” says he, “ if performed in the easy and simple method re­commended, is effected with much less pain than is sup­posed ; it is completed, with perfect safety, in a short space of time, and offers very favourable results. It is, however, an operation which ought never to be undertaken without due consideration of all the circumstances that may arise ; and the surgeon who does undertake it must have resources within himself to meet with and overcome difficulties in all the various stages of the proceeding.”

In the treatment of stricture of the urethra, all armed bougies have been laid aside, in favour of the plain metallic catheter and bougie. The milder cases are easily over­come. A plated steel bougie, selected of such a size as will with no great difficulty pass the constricted part, is gently insinuated along the urethra. After three or four days, the introduction is repeated. Then at each farther re-introduction, at an interval of a few days, the size of the instrument is gradually increased, until it completely fills the orifice ; a sign that sufficient distention of the canal has been achieved. After this, it is right to pass the last in­strument occasionally, at long intervals, to counteract any tendency towards return of the contraction. Soft pliable bougies may sometimes be useful for mere exploration of the canal, but are not of much use otherwise; it being diffi­cult to guide their points, or ascertain the exact direction which they assume. During the cure, the state of the urine should be strictly attended to ; for its acridity—one of the causes of stricture—may, by irritation of the urethra, materially retard the progress. Should the bougie cause serious irritation of the urethra, as sometimes happens, the interval between its introductions must be increased, allow­ing the painful effects of each to subside before another is attempted, else much more harm than good will accrue from the use of the instrument. For the penetration of tight unyielding strictures, a firm silver catheter is the most appropriate instrument, its size being proportioned to the extent of contraction. For very obvious reasons, great cau­tion must be observed in its use ; steady, cautious, patient, and gentle pressure, in the right direction, must never be superseded by sudden and daring force, or irreparable mischief may ensue. “ Lightness of hand, and gentleness of manipulation, will often enable a surgeon to overcome difficulties which to others may have proved insuperable. The operation of introducing a catheter through what has been called an impermeable stricture, is without doubt the most difficult in the whole range of surgical practice, and demands all the prudence, science, and skill of a master. The art can only be acquired, and that gradually, by fre­quent practice.” When the stricture is very tight, and has afforded much opposition to the passage of the catheter, and more particularly when the operation has been under­taken on account of retention of urine, it is well to retain the instrument secured in the strictured part for twenty- four or eight and forty hours. The cure is thus much ex­pedited, as well as recurrence of the retention prevented. The presence of the foreign body in the stricture calls up a natural effort for its extrusion, resulting in relaxation of the part, with profuse discharge ; and so remarkable is the dilatation thus effected, that on withdrawing the instrument at the end of the time already specified, it is found “ lying quite loose” in the passage, although at its introduction it had been grasped most tightly, and firmly fixed in the stric­ture. Immediately after its withdrawal, a much larger in­strument can usually be introduced with ease, and the cure is then proceeded with as in ordinary cases. Sometimes the parts so strenuously resist the presence of the foreign body, that it is prudent to remove the instrument in less time than we have mentioned. Under no circumstances should it be retained beyond two days. It becomes coated with calculous deposit ; and, besides, there is danger of its irri­tation proving excessive; ulceration may take place in the urethra, or abscess form along its course.

Thus the worst possible stricture may be overcome, and the urethra restored to its healthy functions and dimensions. But, as already said, prudence and experience are insepa­rable from the safe use of the small catheter ; with them, it is a most valuable instrument, and saves many a patient now-a-days who would otherwise have become the victim of cruel and dangerous operation. It is seldom, indeed, that we now hear of puncture of the bladder, even by the rectum, a proceeding at one time so common here, as to be known as “ the Edinburgh operation.” And we as seldom hear of the catheter producing tears and wounds of the urethra, followed by abscess and fistula, or urinary infiltra­tion ending in the death of the patient, or at least in the destruction of a large portion of his genital integument and cellular tissue. When from any cause urine has escaped into the cellular tissue of the perineum, free and deep inci­sion, so as to afford ready escape to the poisonous fluid, cannot be too early resorted to. Should it happen that the surgeon, notwithstanding skill and perseverance, is foiled in passing the catheter, and relieving distention, then, instead of puncturing the bladder, the preferable procedure is to “ make a free opening in the perineum, directly upon the obstructed part ; to cut upon the end of the catheter, carrying the knife forwards; to open the dilated portion of the urethra, and then to pass the catheter on to the blad­der.” Thus the viscus is relieved, and a sure commence-