opening above. In this way the bladder is kept constantly flushed and perfectly clean. During the transition period between the time when a nozzle cannot be introduced through the suprapubic opening, on account of its contraction, until it is entirely closed, the bladder will require to be washed out per urethram each alternate day.

Prior to operation the bowels should be thoroughly evacuated daily for at least three or four days, and on the morning of operation when the suprapubic route is chosen, the lower bowel should be thoroughly cleansed by an enema. Succeeding operation the bowels should be left perfectly quiet for the first three or four days, and then a gentle movement obtained by the use of castor oil, after which they should be kept moved at least once every day.

If all goes well the patient should be allowed to sit out of bed in from a week to ten days' time, and under ordinary circumstances the wound will be entirely closed in from three to four weeks.

Were it possible that all danger had passed with the successful conclusion of the operation, surgical science would be nearing that perfection for which we never cease to strive; but it is an unfortunate fact that as yet we still have to pass through that period of anxiety coincident with convalescence. In the vast majority of cases, however, recovery is uninterrupted, but occasionally sequelae arise which may seriously threaten even life itself. Even the most minor operations in which a general anæsthetic has to be used, are not free from subsequent disturbances, but may cause the patient much discomfort by constant nausea and vomiting, severe pain, extreme nervousness, or even persistent hiccough. I remember one patient only a short time ago, who, after a minor operation, was seized with hiccoughs, which for one week remained persistent and severe, and at one time seriously threatened his life. In another case in the practice of a