

the forceps I found a small calculus, together with a large quantity of soft phosphatic material, which I found to be part of the thick deposit of phosphate, covering the fundus of the bladder. This deposit was removed with the scoop, as well as two more stones, which were very soft, purely *phosphatic*, the whole weighing two drachms. Being satisfied that all had been removed from the bladder I washed it well out with lukewarm water, and the patient was removed to bed, while yet under the influence of chloroform. Half an hour after the operation the pulse was 135; temperature 100°. Woke up for a few moments, got a drink of milk and water, and fell asleep again.

9. P.M.—Pulse 130; temperature 100°. Everything going on satisfactorily. Has taken some beef tea. Urine trickling through the wound, bringing with it some *phosphatic debris*. Wound looks well. Has no pain.

Oct. 1. Patient passed a quiet night. Has no pain. Slept well; pulse 125°; temperature 100°. Bowels somewhat relaxed. Prescribed half a drachm of the Fld. Extract *Rubus Villosus*, every three or four hours.

Oct. 2. Continues to do well. Wound healthy-looking. Slight discharge of pus. Nourishing well. Pulse 120.—Temperature 99°.

Oct. 3. Diarrhoea troublesome; again changed the medicine to *P. Cretæ co. c. Opio. gr. v.*, every four hours. Free discharge of pus from wound. Sleeps well.

Oct. 4. Bowels not so relaxed. Patient quite playful. Pulse 124°; temperature 99.

Oct. 8. Patient doing well; urine still passing by the wound; free discharge of pus. No signs of its closing; Injecting the wound with solution of Carbolic Acid, 1-30.

Oct. 12. Patient greatly improved; eats well and sleeps well. Micturition performed partially by natural passage. The wound, however, seems as large as ever, and discharges freely.

Oct. 18. Passes water entirely by natural passage, but externally the wound is not healing. No vitality about it;