

lower tumor burst, and there escaped through the rent several ounces of offensive, greenish tinted pus. In the poultices that were continued for the next 36 hours, a further quantity of a similar fluid came away. After that time mercurial dressing was applied and maintained until the 5th October, when they were considered to be no longer necessitated. After admission he was given the following mixture:—℞. Potas Iodid, Camphor, aa ℥iv, ant tart gr ii, sacch alb, pulv acac aa q.s, aquæ ℥viii, It emulsio Sig, a tablespoonful three times a-day. Under this treatment the superior swelling was rapidly reduced and upon the 6th, the testicle being very little larger than normal, and in no way inconvenient, it was decided to perform lithotomy.

The urine was examined upon the 3rd October, and found to be of a light yellow color, transparent, and free from mucus or sediment. Its quantity had been materially augmented from the first use of the mixture. Both chemical and microscopical analyses failed to discover any urinary diatheses—a few red blood corpuscles were seen, but they were due to slight urethral bleeding, consequent on previous use of the sound shortly before micturition.

6th October. OPERATION.—The patient, already prepared by purging with ol ricini, avoiding urination for some hours previously, &c., having been brought into the operating theatre a large sized staff, well grooved *mesianly*, was introduced into the bladder. Being then placed upon the table, the soles of the feet and palms of the hands were ligatured together, the breech brought close to the edge, the back, neck and head raised on an inclined plane of pillows; chloroform was next administered by Dr. R. P. Howard, the staff given in charge of Dr. Campbell, and the care of the extremities consigned to Drs. Fraser and Scott. The lateral operation was then begun. An incision was made, beginning about 15 lines above the anus, and ending at the level of the inferior commissure of this orifice; proceeding from the raphè it was directed straight midway between the anus and tuberosity of the ischium, it extended through the skin and subcutaneous tissue; by a few light touches of the knife, the wound was deepened so as to be somewhat triangular, these severed some condensed cellular tissue, a few horizontal muscular fibres and a minute artery, parallel with the latter (*transversus perinei*): the staff was next felt by the tip of the left index finger carried through the centre of the wound, obliquely upwards as far back as practicable, the same knife was guided along it, and by a slight nick through the urethra, was made to enter the groove of the staff, and it was then slid along this channel until stopped by the ending of the latter; during this stage the finger was placed over the rectum, and the