

Sig: a dessertspoonful three times a day in a tumblerful of barley-water.

He is to be put on milk diet with porridge, rice and break and milk. No grog, no tobacco. To use warm laudanum fomentations three times a day, oftener if the pain becomes severe, when also he is to have a draught containing mix each of tr. opii. and tr. belladon. Forbade the use of catheter more than once a day for three days, and then to stop it altogether. To take a warm hip bath before retiring. This was about the 16th October.

17th—Passed a very fair night, desire for frequent micturition being about the same. Hot fomentations and opium lessen the pain and relieve the spasmodic contraction of the urethra. Ordered a warm hip bath when pain gets severe.

18th—Patient thinks he will try and dispense with the catheter altogether, as he finds he gets along so well without it. All the symptoms are improved: less pain; urinates about once every hour and a-half during the day, but, as he sleeps better at night, can go two, and sometimes three, hours without awakening. His bowels are very constipated, so ordered a warm water and gruel enema.

19th—Called in great hurry to see patient. Messenger informs me he cannot pass his urine. Went at once to find him relieved by the use of a hot bath and laudanum fomentations. The small stream he passed at first does not seem to diminish; patient imagines it is larger; not improbable, since the congestion and spasms are much decreased. Urine still loaded with mucus and some pus.

20th—Patient improving slowly: feels much better to-day, and the bladder symptoms much improved. Stream is certainly getting larger, urine comes always more freely, and the spasmodic congestion less marked; spongy body in perineum less hard and unyielding.

21st—Great trouble with patient's bowels. The constipating effects of the opium are not at all pleasant. Ordered to take another warm gruel enema, and to omit the laudanum; other medicine as before.

24th—For past two days patient is steadily improving, appetite better, spirits rise, and he thinks he is going to jump at once into perfect health.

25th.—Called early this evening by his servant to see Mr.—Found him suffering intense pain from retained urine. Marked tenesmus with no results. He tells me that, relying upon his daily im-

provement, he had walked around the house rather much during the p. m., and neglected to urinate. When he did make the attempt he found urine would not pass, and on re-attempting to use a catheter only succeeded in making matters worse. Got relief when he had been given a hot hip bath and an enema of ʒ ss. of tinct. opii. The penis was congested and swollen, and the testes again retracted. There seems to be a state of general spasm, with congestion in all the parts about the bladder.

29th. I think that by to-day patient has gained his old vantage-ground. Says his imprudence has been a lesson he won't forget, and promises not to transgress again.

Nov. 1st—Patient so much improved that I have ordered him to leave off the laudanum fomentations; it is now two weeks since he used a catheter, and yet he finds himself better for not using it, that is, he can urinate more freely, requiring to do so only every three hours, and the straining and painful micturition are vastly better.

Nov. 6th—Have seen patient several times since the first, and am glad to find him getting along so nicely. The acute cystitis has almost gone—no pain in hypogastrium or penis; urine contains but little pus and not much mucus. He sleeps well at night, and has gained flesh rapidly, and in every way feels, as he expresses it, "a new man." I allow him to take short walks when the weather is fine, and tell him he may eat meat at dinner time and eggs for breakfast; no vinegar, and as little sugar and sweet stuffs as possible.

Nov. 8th.—Examined patient's urine to-day: re-action faintly acid; very little mucous deposit, only a few globules of pus; color clear and healthy.

Passed a No. 6 bougie with some trouble; find two well-marked strictures; one, the smaller of the two, is in the centre (or about it) of the spongy segment, and the other, considerably larger, is situated in the membranous portion. The first stricture can be felt, over the bougie, to be about the thickness of a No. 1. English bougie; the second one, from the resistance offered to the bougie, is, I should judge, considerably larger possibly three times the size. The question now arises, since the patient has recovered entirely from the acute cystitis and the urethral fever, leaving only the strictures to deal with, what method shall be adopted in treating them? Whatever opin on