ing darker in color; skin dry and shrunken; heart is normal. Complained of weakness to-day; ordered

R Quin. sulph., grs. xii
Acid. sulph. dil. Di
Tinet. nucis. vom., 3i
Tinet. card. co., 3ss
Syrup, - - 3i
Aq. ad. - - 3vi
3ss ter in die.

April 20th.—The leg appears darker and muscles softer; desiccation of foot now extends one inch above the malleoli. Portions of foot are almost black. Temperature—Inner ankle, 82°F.; popliteal space, 87°F.; line of demarcation, 88°F.; three inches above line, 96½F. Measurement, 17 inches; at line, 17½ inches.

April 22nd.—Temperature and pulse normal. Leg is much darker, and desiccation extends to the knee. Temperature—Ankle, 79 3-5°F.; popliteal space, 84 3-5°F.; demarcation, 86½°F.; 3 inches above line, 96 2-5°F.

April 23rd.—Patient's general health good.

April 24th.—Leg was bathed to-day in a solution of carbolic acid and then wrapped in carbolized cotton wool and covered over with antiseptic bandage, under the antiseptic method.

April 27th.—Antiseptic bandage became displaced during the night, having slipped down as low as the line of demarcation. It was rewrapped as before.

April 29th, 9 a.m.—Lungs and heart were examined this morning. Respiratory movements are still less marked in the right lung. Slight dulness in the clavicular and infra-clavicular regions. Respiration is also a little weaker in this lung. Heart normal. Abdominal agrae and general vascular system examined to-day. There exists no suspicion of aneurism. Urine, sp. gr. 1020; acid reaction; no albumen.

1 p.m.—The attending physician, Dr. Reddy, assisted by Dr. Roddick, amputated the thigh under Lister's antiseptic method by the circular operation, at the junction of the middle with the