

emptied the bladder a short time before admission. One or two more incisions were made. He is able to pass urine, but most of it comes through the incisions. His pulse is 125; temperature 102.2° F; tongue brown. He was ordered quinine and acid, with wine and pulv. opii. gr. j. *h. s.*

15th.—Passed a very restless night; seen to day by Dr. Brown; dorsum of the penis has become gangrenous, the whole of the point of the organ is sloughed from the prepuce to one inch and a half from the pubes. This slough extends to the under part, where there is only left a narrow bridge of sound integument about $\frac{1}{8}$ of an inch wide. The integument all over the penis is covered with bullæ. A number six catheter was after some time passed into the bladder; during its passage it showed strictures, a little beyond the glans, near the bulb and at the neck of the bladder. Dr. Brown also passed a probe from the orifice to the situation of the first stricture when it passed directly from the urethra into the sloughing tissue. He then cut away as much of the dead tissue as he could. He ordered dossils of lint saturated in a lotion of permanganate of potash grs. xii ad. 3j. to be placed all over the part, the whole to be covered with a linseed and charcoal poultice. Carb ammon grs. v in tinct. cinchon 3ij; egg-nog every three or four hours; pulv. opii. gr. j, *sextis horis*.

16th.—Passed a restless night, pulse 120; temp 102.0 F.

The glans which up to this time seemed quite natural is now becoming mottled, and gangrene evidently setting in. Treatment to be continued, in addition one tablespoonful of brandy every four hours, and pulv. opii. gr. j, every two hours until sleep. Cloths saturated with bromo-chloralum to be placed round the bed and under the clothes.

17th.—Had a good night, slept well; glans now gangrenous; line of demarcation beginning to form $1\frac{1}{2}$ inches from pubes;—pulse 120; temp. 103; tongue dry, takes his nourishment well;—visited by Dr. Cattermole consulting surgeon to the Hospital, who advised a continuance of the treatment.

18th.—Much the same; pulse 120; temp. 103. A careful examination was made as to depth, extent, etc. of the sloughs, and the conclusion was come to that the urine had infiltrated and destroyed the whole organ, and that there was no longer

any use in endeavouring to save it, accordingly Dr. Brown removed it within an inch of the pubes. Prior to doing so however, he passed a catheter into the bladder and left it in. Now that it is removed it is evident that the corpora cavernosa and spongiosum, are sloughing beyond the line of amputation. Lot. pot. permanganatis with poultice to be continued.

19th.—Passed a good night, pulse 120; temp. 102; tongue moist not coated. Another incision was made into the scrotum.

20th.—Not so well to day, pulse 100; temp. 100; complains of pain in the right knee joint which is swollen; effusion under the patella and above it; ordered hop fomentation with acet. plumb, and tinct. opii., with spongiopilin. An abscess situated above pubes and right groin was freely laid open, and a large quantity of thick fetid pus evacuated. A probe can be passed from it to the root of the penis. It also passes over to the opposite groin; evidently the track of the urine. These were all laid open, and showed large sloughs underneath, which were removed.

21st.—Had a good night; scrotum beginning to discharge healthy pus; urine which passes per catheter is clear and non-ammoniacal; pulse 100; temp. 100; complains of a good deal of pain in the knee.

22nd.—This morning while being dressed, a large slough came away, which on examination proves to be the remains of the corpora cavernosa, as far as its crura or attachments to the rami of the pubes and ischium. This shortens considerably the remainder of the urethra, the point of entrance for the catheter being now at the triangular ligament; it was determined in consequence not to remove the catheter. The condition of the scrotum continues to improve daily; all the sloughs have nearly come away; showing in their place healthy granulations; pulse 120; countenance looks pinched and anxious. Knee much the same; continue medicine.

23rd.—Much the same; tongue, red, dry in centre; pulse, 120; temp. 100; facial expression same; urine clear, it partly issues per catheter, the rest dribbles alongside; granulations springing up in all incisions; chest examined but nothing abnormal discovered beyond a sibilant rale a little below and to the left of the heart.

His former mixture was ordered to be discontinued, the following being substituted, viz.,