

which marks by its dark shading the oxalic, and by its lightly streaked circumference the phosphatic portion.  $\frac{1}{4}$  p.m.. Has had no symptoms of shock, nor abdominal pain, scarcely any bleeding, urine escapes through the catheter and by its side; he attempted to make water a short time ago, and found a few drops escaped per urethram. 9 p.m. Considerable heat of skin, tongue slightly furred, pulse 120: complains of pain in the wound and along the urethra. R Tr Hyoseyanu ʒi, Vin ipecac m xx, in aqua statim sumend.

October 7.—Passed a tranquil night, and a few hours in sleep: pyrexia diminished. No bleeding since last visit, no sign of urinary infiltration, but little urine dribbles away, the greater part is expelled voluntarily, at intervals, through the wound, the pain from its passage over the raw surface is lessening. Pulse of former frequency. R Pulv Ipecac Comp gr. iii, pulv Jacobi ver gr. ij, ft pulv sexta quaque hora sumend. 5 $\frac{1}{2}$  p.m. Pulse reduced, feels much better. Removed catheter.

October 8th, noon.—Slept soundly last night. Pulse 108, skin cool. Surface of the wound coated with a buff glazing, no surrounding redness nor oedema; rather more urine expelled by the urethra than by wound, and none escapes involuntarily. 5 $\frac{1}{2}$  p.m., doing well.

October 9, noon.—Bowels opened naturally last evening for the first time since operation. Progressing favorably. Pulse 99. 5 $\frac{1}{2}$  p.m., sides of wound distinctly coated with lymph, and from their proximity by collapse temporary adhesion exists. States that the stream of urine via urethra causes no pain, and has none of the features peculiar to stricture.

October 10, noon.—Traces of suppuration about depending part of wound, quantity of urine passed through it gradually decreasing. Has no complaint. 5 p.m. To the right testicle, which has been slowly mending, no application has been made since period last specified, the gland is not painful and is softer; to expedite its recovery, equal parts of iodine oint and simple cerate were directed to be rubbed over it night and morning.

October 11.—Progress favourable—much of the wound closed, the portion still patulous is granulating.

October 12.—No urine passed by wound to-day.

October 13.—Wound scarcely one third its original length, looking healthy and apparently no longer a perforation. Ungt Calamin as a dressing.

October 15.—The only visible sign of the operation is a superficial ulcer of a linear shape slightly excavated, and not more than a few lines in