

please the patient and accede to his wish. Any one who has had much experience with gunshot wounds knows how easy it is to fail in finding the ball, and how difficult it often is to distinguish by the probe between a piece of lead and an exposed surface of bone, or a piece of fascia or a tendon; and in such cases, if he does not succeed in finding the bullet with the probe, he is very apt to search for it with his finger; then he tries with one forceps and then another to extract it, and in this way septic matter is almost necessarily introduced, so that a wound of a joint which might otherwise have healed perfectly without a particle of suppuration is doomed to suppurate, and possibly the whole limb will in consequence be lost. Besides, experience shows constantly how frequently bullets become lodged in muscles, bones, or some of the viscera, and there become encapsulated and never cause further trouble. The point I wish to insist upon is, that there is infinitely more danger created by the surgeon who attempts to search for and extract a bullet than would result from leaving half-a-dozen bullets to take care of themselves. In all the pathological museums throughout the world may be seen specimens of bullets lodged in lungs, liver, brain, and bones, where they had remained imbedded for years without impairing the functions of these organs. At the museum in Washington I recently saw a specimen from a man who had received a gunshot which had fractured the upper part of the tibia, and the bullet appeared to have lodged just below the cartilaginous surface of the lower end of the femur. The surgeon who had attended him at the time of the injury had thought that there was not a wound of the joint, and so had not operated, but had left it alone. The man lived for years afterward, and after his death this specimen of the bones was brought to the museum at Washington; it was found then that the bullet had caused no injury to the joint at all, and it had not troubled the man for years. I wish by this recital to impress upon you the point that bullets left to themselves are not such dangerous things as they are generally supposed to be. In the recent Turkish and Russian war there was also a strong practical illustration of the value of this let-alone policy. A very distinguished surgeon and a noted professor, both in Berlin and in St. Petersburg, introduced into the hospital the plan of treating all wounds antiseptically, and he had to deal with a great many penetrating wounds of the knee. These he treated by not searching in the tract of the wound with instruments, but he immediately put them up in antiseptic dressings and kept the limb immovable. I quote from memory when I say that nineteen out of twenty-one recovered, not with stiff joints at all, but with movable joints. If you can trust to the evidence of such a series of cases as that, coupled with what I have heard Von Langenbeck say—that he did not believe that a single case of a wound of

the knee joint in the whole Franco-German war recovered—you can see clearly what striking advances have been made recently in the treatment of gunshot wounds. Another thing told me by a surgeon of distinction who has had much experience in several wars in the past few years, was that he never interfered with or probed a gunshot wound of the knee, and his published reports show that the results of these fractures in his hands have been infinitely better than those of any other surgeon. This is another illustration of the importance of avoiding all interference with gunshot wounds. Professor Esmarch, of Kiel, whose reputation you all know, preaches from the text, "don't injure" or "don't do damage," and refers to the interference with gunshot wounds; and I think that I have now said something to show you the importance of such a maxim.—*Gaillard's Journal*.

REMARKABLE CASE IN OBSTETRICS.

The following remarkable case of obstetrics is reported by T. A. Rodger, in the November issue of the *Canada Medical Record* :—

The patient, aged 32 years, was pregnant for the fourth time. I was present at the birth of all the former children, and found nothing unusual. The history of the case, which is brief, is as follows :—On the morning of the 10th of October I was requested to visit a Mrs. L., whom it was said had been ill all night with great difficulty of breathing. I found the patient in bed, half sitting, half reclining on her side, and propped up with pillows. Her countenance was somewhat anxious, face slightly livid, eyes staring, breathing very hurried and short, and complaining of great tightness about the chest and abdomen, with a sense of suffocation. This being my first visit to this patient at this time, and not thinking that she was pregnant, I at once examined her chest; found heart and lungs normal, but was struck with the size of the abdomen. Her feet and legs were somewhat oedematous, but no great amount of swelling at the vulva. There had been slight pains at long intervals all night, but the patient said "not like labor pains," though she thought that she ought to have been confined some time during the month of September, having, as far as she could recollect, menstruated for the last time about the beginning of the year.

The size of the abdomen being so much out of proportion to anything I had ever witnessed before, I began questioning as to her condition for some time back. She told me that nothing out of the way was noticeable in the size of her abdomen until between the sixth and seventh month; that never at any time could she say that she felt any distinct movement of the child, such as experienced with her other children; that she had suffered considerably at different times from irri-