

on the next day the temperature was  $97.2^{\circ}$ , respirations 20, and pulse 84, which at 6 p.m. were, respectively, temperature  $99^{\circ}$ , respirations 20, and pulse 85; and at 9 p.m., temperature  $100.2^{\circ}$ , respirations 20, and pulse 98. In the latter part of the evening the patient began vomiting, and seemed drowsy. He complained of pain in the abdomen. He was given cracked ice. He vomited a little during the night. In the morning he was given one-half ounce of milk and lime-water, repeated several times. At noon he vomited again, when the nourishment was withheld till 5 p.m. The temperature ranged about  $100^{\circ}$  during the day. The urine became bloody and remained so for a few days. On the night of the 11th the temperature rose to  $102.5^{\circ}$ , pulse 92. Patient complained of pain in the left abdominal region and over the left kidney. Morphia was given. The bowels were constipated. There was a certain amount of abdominal distension. On the 13th and 14th he vomited and complained of pain. Calomel was given, and after a free evacuation the pulse fell to 99. The vomiting continued for some ten days. Patient was discharged cured at the end of six weeks. The reader of the paper then gave a résumé of the literature of the subject, and a discussion of gun-shot wounds of the abdomen. In such cases as the one reported, where the symptoms were not alarming, he asked the Fellows present their opinion about the indications for operative procedure. His idea was in the present case that the bullet had probably entered the abdominal cavity, wounded the peritoneum, and passing through the mesentery (escaping the intestine) had lodged in the kidney.

Dr. MACDONALD said that he did not agree that the bullet which Dr. Grasett had passed around as a sample of the one that had entered the patient was a 22-calibre, and drew attention to the two sizes of the twenty-two, the long and the short. The short would hardly more than penetrate the average abdominal wall; but the long, with its strong charge of powder behind it, would pass quite through the body. There is little evidence to show which was the exact direction the bullet took. It might have, as is often the case, circled around under the skin and not entered the cavity. In cases under his observation he had seen them act in this way. Such wounds often produced no symptoms. The speaker had confirmed these views from a personal experience, having been shot in the leg with some seventy-five pigeon shot.

Dr. SPENCER said that he had watched the case and was convinced that the bullet had entered the abdominal cavity and entered the kidney. He could not see how it very well could go otherwise. There was evidence to show that the muzzle was pointing toward the