

10 p. m.—With a syringe affixed to a gum elastic catheter threw up the Rectum 20 minims of Battley in two ounces of beef tea.

Nov. 3rd.—Was sent for at 2 a. m. Patient suffering from constant and depressing nausea. Increased pain around the wound. Pulse 110; skin cool. Gave hypodermic of 25 minims of Battley with great relief. To have injection of beef tea $\frac{3}{4}$ ii.

8 a. m.—Stomach quiet. Pulse 110. Aconite regularly continued.

10 p. m.—Nausea has entirely disappeared, the stomach being perfectly quiet all day. Patient very cheerful; less tenderness of abdomen. Threw up the Rectum a pint of warm water.

Nov. 4th.—9 a. m.—Patient “jolly.” Pulse 102. He thinks he could eat a little. I think he won’t. As the result of last night’s injection his mother proudly handed me a flattened duck-shot which she had just found in the bed pan, and as it had not yet been emptied I continued the investigation with the father, and was rewarded by the discovery of one smaller shot likewise flattened. The mother’s treasure weighed 5 *grains*, mine only *two*! This is the first time the bowels have been moved. The motion was rather copious, and contained no trace of blood.

9 p. m.—Very comfortable all day; pulse 84. Aconite every three hours. Beef tea injections $\frac{3}{4}$ ii. every four hours. Brandy to be added to this and the Aconite discontinued, if necessary.

Nov. 5th.—Complete line of demarcation round the slough; no discharge from the wound. Pulse 80. Aconite every three hours. Beef tea enemata. Stomach quiet. Bowels moved once; passes water freely. 10 p. m. Battley 25 minims as he thinks the bowels may be moved again.

Nov. 6th.—Early this morning the patient had two very large and offensive discharges from the bowels, which I regret that I did not have an opportunity to examine. Every motion before this had been washed and strained in