

diseased area. The mass was cut through into perfectly healthy tissue and dissected up through the fat and down to the muscles, exposing the greater and lesser notches, opening the peritoneum and removing about two-thirds of the area. The bowel was brought down and stretched and covered about three-fourths of the whole surface. Dr. King did four operations on this patient, and so far as the removal of the cancer is concerned feels that one is not saying too much when he claims it to be a successful removal of the cancer. The patient almost succumbed during the operation, as she is suffering from chronic Bright's disease. The patient has gained eighteen to twenty pounds. Dr. King then dealt with the statistics on this subject.

Dr. Bingham stated, in discussing the paper, that the original Kraske operation was intended for conditions where the mass was high up in the bowel—it was then able to continue the functions of the sphincter. Of course if there was any involvement of the sphincter, it should be removed. He further spoke of twisting of the bowel in these cases to effect a final cure.

#### **Bullet Wound of Orbit.**

Dr. H. A. Bruce stated he was unable to produce his patient, as he did not care to tax his strength in coming from the hospital. A boy of fifteen years of age had been practising with a 38-calibre revolver at a target, while sitting on a log in the country. Two shots had been discharged, when he examined the revolver, holding it in both hands, looking down the muzzle pointing towards him. That is all he remembers. On regaining consciousness, he walked two miles to town to consult a doctor. An unsuccessful attempt having been made to locate the bullet, the lad came down to the city. The bullet had passed through the eyelashes of the lower lid near the external canthus. The X-ray apparatus at the General Hospital was pressed into service, but it was quite impossible to outline clearly the bones of the skull, although the bones of the extremities could be seen clearly. Chloroform was administered, and with a probe through the opening in the lower lid, entering the orbit, and passing along the outer wall of the orbit (the bone being quite bare of periosteum), the bullet was located about one and one-third inches in, and could be easily moved by the probe. The external opening was slightly increased. With a pair of artery forceps the bullet was gotten hold of easily and extracted. It was lying just behind the eyeball about the middle of the orbit, probably against the optic nerve. It had grazed the orbital surface of the malar bone and the orbital surface of the greater wing of the sphenoid. There are one or two points of interest as regards the