Early the following morning half a pint of normal urine was passed, but late in the evening there was hæmaturia with some pain over the bowels. Examination was negative. Morphia, gr. ⅛, hypodermically, was given. At 5 a.m. of the third day, pain in the abdomen became very severe, for which gr. ¼ morphia was administered. Poultices of linseed meal offered some relief. Nourishment was well taken, consisting principally of milk and beef tea. Later the wound was dressed, no suppuration present. Temperature chart showed 102½; pulse 120, small, wiry, but regular. The bowels moved five times in two hours, the faeces being of a dark color. In the evening bloody urine was voided at an interval of three hours.

Fourth day, remained about the same: tympanites very marked, with abdomen abnormally tense. The wound, when dressed, was healthy.

On the fifth day there was no improvement in the symptoms. Vomiting came on, which was partially allayed by small pieces of ice. R Bismuth, grs. x., Vin Ipecac, ℥i., every twenty minutes, gave some relief.

On the sixth day a hypodermic had to be given for pain: the patient was more restless, delirious at intervals, and picked at the bedclothes. There was an involuntary passage of urine. Six hours later, on account of incontinence, dulness was sought for and elicited over the pubis. I passed a Jake's catheter and succeeded in drawing off rather more than a pint of bloody urine. Towards evening the patient was much weaker, and seemed to have lost the power of using the muscles of the neck, being unable to raise his head from the pillow.

Early on the morning of the sixth day urine was again voided involuntarily, when I used a soft rubber catheter. In the afternoon I saw the case with Dr. Macklin; the breathing was shallow and quick, extremities cold, and the abdomen very tense. I again used catheter in the evening for a half pint of bloody urine. Patient was almost unconscious, but the pupils responded to light.

At 11 p.m. the temperature dropped to 99½. Pulse was 130 and almost imperceptible. The extremities were cold: the patient was unconscious, and the pupils no longer gave any response to stimulation. Death took place early the next morning.

SYNOPSIS OF POST MORTEM.

H. Phair, age 63 years; height 5 ft. 7 in. Body well nourished. *Post mortem* rigidity fairly well marked. Marks of violence visible on left side six inches from sternum and six from coracoid process; eighth rib fractured, from which a part had been removed during life.

Lungs—Right, perfectly healthy; left, lower lobe inflamed and softened.

Heart—Normal in position; normal amount of fluid in pericardium: no wound visible; valves healthy: left side empty: right side full.

The opening which the bullet had made in the diaphragm had closed and was with difficulty made out.

Stomach was normal.

A considerable amount of dark fluid filled the peritoneal cavity: the intestines were intensely congested, and small bands of fibrin had already formed between the loops.

An opening was found in the splenic flexure of the colon, through which a dark fluid oozed. The liver and spleen appeared to be normal.

On removal of the left kidney, which was enormously enlarged, the track of the bullet could be traced through its substance in a direction from above downwards and backwards, leaving at the upper posterior part.

Bladder contained two ounces of highly albuminous urine.

Behind the left psoas magnus the ball had grazed the third lumbar (body). The transverse process of the fifth was fractured. The bullet was found close to the latter vertebra and beneath the deep muscles of back.

Course.—The course of the bullet was interesting, and though appearing at first to take an erratic path, yet in reality took an almost direct route. It entered the integument over the sixth intercostal space, grazed the seventh rib and smashed the eighth, then passed through both layers of the pleura, traversed the lower lobe of left lung, again through the pleura, punctured the diaphragm, entering the abdomen close to the spleen, and passing through the splenic flexure of the colon entered the left kidney, grazed the sides of the third and fourth lumbar vertebræ and fractured the transverse process of the fifth, lying, when found, in the region of the fifth lumbar beneath the deep muscles of the back.