

produced by surprise of the heart at the arrival of a foreign body. Dr. Ross said he had been very much struck in both these cases by the great extent of the clotting through the branches of the pulmonary artery which must have taken time to form, although no pulmonary symptoms prevailed during that period.

EXCISION OF THE SPLEEN.

THE PRESIDENT (Dr. Roddick) exhibited portions of a spleen which he had removed a few days ago from a man in the General Hospital. The man had been struck by a loaded bucket of coal whilst in the hold of a vessel. The bucket, containing about a half a ton of coal, had fallen from a height and crushed him against the side of the ship. When brought to hospital he was suffering severely from shock, greatly blanched, and almost pulseless. There was a small wound in the left lumbar region between the last rib and crest of the ilium, which was bleeding freely. There was also fracture of several of the lower ribs on left side. Dr. Roddick enlarged the wound, and found that he came immediately on the intestines, the intervening muscular structures being all torn away, leaving nothing but skin covering the intestines. Through this wound he removed a mass of tissue, which, on examination, proved to be a portion of spleen; the wound was enlarged still further, and the hemorrhage was found to come from a ruptured spleen. The vessels entering the ilium were ligatured, and the spleen was without difficulty taken away.

The man only survived the operation about six hours. At the post-mortem the lower six ribs on left side were found fractured, the left kidney lacerated in several places, and the bladder full of blood. There was only a few ounces of blood in the abdominal cavity.

GUNSHOT WOUNDS OF THE TESTICLE.

Dr. JAMES BELL read a paper on gunshot wounds of the testicle, and reported two cases which he had seen in the late Northwest rebellion.

The first case was that of a young soldier, aged twenty-eight, who, whilst skirmishing before Batoche, was struck by a rifle-bullet on the outer side of thigh immediately below and behind the great trochanter. On being brought to the field hospital it was discovered that the bullet had passed through the thigh, then entered the perineum at the root of the scrotum, and made its exit through the scrotum, carrying away a portion of

the testicle. The portion of testicle that remained was extruded from the lacerated scrotum. After removing several pieces of clot in the track of the bullet, the parts were cleansed with weak carbolic lotion, the injured testicle was returned to its proper place; and the scrotal wound closed with catgut sutures. There was no hemorrhage or other troublesome symptom, and the wounds were dressed with iodoform and carbolized gauze. The patient was now sent by steamer to the base hospital at Saskatoon. On his arrival (some days after the injury) he was found to be suffering from urinary infiltration, due no doubt to sloughing of the tissues and the perineum, injured by the bullet. Extensive sloughing occurred, and his life hung in the balance for days, but the scrotal wound never reopened, although most of the left side of the scrotum sloughed away. When last seen, July 1st, his wounds had all healed; the right testicle was about half its original size, firm, free from pain and tenderness, and freely moveable in the scrotum. It had apparently quite recovered from the severe wound received two months previously.

The second case was that of a half-breed, æt. 32, who was found on the battlefield of Batoche, on the night of the 12th of May, severely wounded. He was brought to the field hospital for treatment, and was found to be suffering from a contused and lacerated wound, about two inches in diameter, on the back and outer part of left thigh, just below the great trochanter. The abductor longus muscle was torn and partially separated at its origin. The left testicle and the whole lower two-thirds of the scrotum were carried away. The right testicle hung down uncovered, and its lower half was filled with fragments of metal. The wounds were probably caused by the bursting of a shell. The wounds were washed and dressed, and the pieces of metal removed from the testicle. In a few days the lower half of the right testicle sloughed off, leaving an irregular granulating surface. The other wounds did well, and after a few days Dr. Bell dissected back the remaining portion of the scrotum, pared the edges, and brought them together over the testicle. The result was very satisfactory, for in a few weeks the scrotum was completely healed, and the remaining portion of the right testicle could be felt firm and painless within it.

Dr. Bell went on to say that the success attending the expectant treatment in these two cases