On the 16th feeding by the mouth was commenced, and continued without ill effect.

On the 31st the stitches were removed and the wound was perfectly healed; the bullet tracks were also healed. Patient was allowed to sit up on February 6th, and was placed on the regular hospital diet. This operation was not undertaken until symptoms indicating perforation of stomach or intestine showed themselves, thereby disproving the assertion of Dr. Parke, of Scranton, Pa., in the *New York Medical Journal* of January 15th, that at such time the operation was always too late.

Dr. George Peters said he was not certain whether or not one should not in these cases, when the history showed pretty clearly that the bullet was fired at close range, explore the wounds at once without waiting for symptoms. If the bullet were fired in a fairly direct way it would be almost sure to go through the abdominal wall. The risk of an exploratory incision was not great.

Dr. King pointed out that it was lucky that the bullet had entered the stomach, instead of lower down, for the contents of that viscus had, no doubt, contributed to the stoppage of the course of the bullet.

Dr. Ryerson rose to say that he had visited many of the leading hospitals of Europe and the United States, and nowhere had he seen better surgery than in Toronto.

Dr. Temple made some remarks on a case of carcinoma uteri. The patient, who was a woman, who had entered the pavilion at the General Hospital under his care. Her age was only twenty-eight, and she was the mother of four children. She was greatly emaciated. On examination, he recognized a cancer on the body of the uterus, and the disease so far advanced that he could not offer the slightest hope by operation. The disease had involved the uterus and had caused hydronephrosis.

Dr. Harold Parsons read the post-mortem report made by Dr. H. B. Anderson, as follows:

Mrs. M., aged 28, general emaciation. Subcutaneous fat scanty. Fundus uteri three inches above the symphisis pubis. The thoracic and abdominal viscera were all examined, but presented nothing special of note, except as follows: Right ureter was three-quarters inch in diameter, being immensely distended with fluid. Right kidney was very pale in color. Weight six and a quarter ounces, and showed marked hydronephrosis. The opening of the ureter into the bladder was involved in the cancerous growth. Left ureter slightly enlarged. Left kidney pale and showed a lesser degree of hydronephrosis. Weight, four ounces. The ulcerating cancerous mass involved the