

correct when I say that he afterward went through the South African campaign in the Mounted Rifles.

Another case was that of a sporting accident, where part of a charge of buckshot from a companion's gun entered the thigh, part of it also striking the stock of the injured man's gun. Pieces of clothing and the buckshot were removed and the patient was then removed to Toronto. In an emergency I saw him a few days later for severe secondary hemorrhage. After examining the wound, I found that a sharp sliver of the stock, about two inches long, had ulcerated into the femoral vein. This was removed and the vein ligatured. The patient made a good recovery.

A boy, aged ten, was holding the muzzle of a .22 calibre rifle against the abdomen, just to the left of the umbilicus, with the butt against the wall of the back shed fixing the trigger, the hammer came down and the bullet entered his abdomen. He was carried into the kitchen and said that his bowels wanted to move. A chamber was produced and upon sitting down he immediately passed the bullet with a quantity of blood. He was brought to the Hospital for Sick Children, and while going into an account of the accident and subsequent events he asked me "to take a good look at the thing that holds the water," and informed me that when he urinated there was blood in the water. A rectal examination revealed a jagged abrasion on the anterior wall just above the internal sphincter. Upon opening the abdomen I found two coils of small intestine perforated, and a coil of the sigmoid. After closing these I examined the fundus of the bladder and there found a hole of entrance, which I also closed. He made an uneventful recovery.

A woman at a summer resort was out rowing with her husband when, without apparent reason, she fell forward from the rowing seat. She immediately got back on the seat and turning to her husband expressed surprise at doing such a thing. He then noticed some blood upon her blouse and made for shore. She had been shot, at a distance of at least 100 yards, through the ninth interspace posteriorly. A pneumonia developed and later resolved, then developed on the right side, and it also resolved. When both lungs had quite cleared she began to go down hill rapidly. Six weeks after the accident I saw her, together with Dr. McPhedran, and we made out evidence of the presence of pus below the diaphragm, posterior to the stomach. Upon making an incision I found the bullet in the rectus sheath, and after a careful dissection came upon about a pint of foul-smelling pus, posterior to the stomach. This was drained, and for the next two or three weeks she improved rapidly. Then, I believe, she began to fail and subsequently died, probably from a further locking-up of a focus of pus.