

wards accrues not only to the patient—the nursing staff reap an abundant harvest of information; the house staff are thus thrown in constant relation with a type of disease which can be best studied in such surroundings; and lastly, the instruction to the student will enable him to appreciate, as has never before been possible, the magnitude and the importance of these diseases. To all there will come clinical light and greater knowledge—the most urgent need from a present and practical point of view.

SOME EXPERIENCES WITH SHOTGUN WOUNDS.*

F. N. G. STARR.

MANY years ago a man presented himself at the out-patient department of the General Hospital with a request that I should remove a bullet from the outer side of his right thigh. It had been there for two years, but only recently had begun to cause discomfort. The scar of entrance was on the outer side of the thigh, just below the great trochanter, while the bullet was resting just above the knee under the tensor fasciæ femoris. The bullet was removed without anæsthetic of any kind, at the patient's request. The nose of a .38 calibre bullet was bevelled where it had struck the femur a glancing blow, and had it not been for the elastic resistance of the tensor it would undoubtedly have made its exit.

In association with the late Dr. Peters, I saw a man who was accidentally shot in the thigh when lifting his gun out of a duck punt. When he regained consciousness and looked about him, he saw a piece of the shaft of his femur, about 2 inches or more in length, lying some distance away on the river bank. The wound was a horrible one, but Dr. Peters made a thorough washing-up of it with green soap and 1-20 carbolic solution, removing shot, gun wad and pieces of clothing. Though the fractured ends would not approximate, yet bony union ultimately took place, and the man, with the aid of a high boot, walks without a limp.

Another interesting case that I saw in Dr. Peters' practice was a young man, who, when returning from a day's shooting, received the contents of his companion's gun, at short range, in the upper abdomen, just to the right of the middle line. At least one-third of his liver was blown to pieces. The wound was cleaned and packed, and after a hazardous convalescence he made an excellent recovery. I think I am

* Read at the Surgical Section of the Toronto Academy of Medicine, January 19th, 1915.