

and, upon his attempting to swallow some fluid, it was driven with great force through the nose. Considering the case to be urgent, I immediately opened a vein, from which I took twenty ounces of blood; and, finding the pulse becoming soft and more compressible, I closed the orifice, and applied a blister to the throat. After the blister had taken effect, which was in about six hours, I again had recourse to bleeding, and finding my patient able to swallow, I administered five grains of proto-chloride of mercury every two hours until the bowels should be freely acted upon, and bathed the feet and legs in warm water, impregnated with salt. After wiping them dry, I applied sinapisms to the feet.

On calling the next morning I found the bowels had been acted upon; he had slept about two hours; deglutition not quite so difficult; pain in the head great; face very much swollen, and covered with small vesicles, containing a yellowish fluid; pulse full and rather hard. I repeated venesection, and administered antim. tartariz. in the quantity of gr. iiii. to a quart of water, one ounce of which to be taken every two hours; applied a blister between the shoulders, cotton wool to the face, kept wet with a solution of 10 grains of perchloride of mercury in a quart of water.

Wednesday morning.—The bowels had been evacuated two or three times; the deglutition much more tolerable; pain in the head relieved; patient complained of griping pain in the bowels, with a tendency to diarrhœa. Ordered 15 grains of rhubarb, 6 grains proto-chloride of mercury, and at night 20 grains of pulv. ipecac. comp.

After the operation of the purgative, next morning (Thursday) found the patient had rested well through the night; pulse eighty, and compressible, having lost its tense vibrating character; deglutition much more easy; the inflammation of the face less. Continued the tartrate of antimony once every four hours, and the application to the face as above.

Friday morning.—The patient had rested well, with the exception of a slight pain in the right temple, which increased through the day. In the evening, I removed the wool from the part; found the right side of the face much tumified, the right eye was nearly closed; the patient complained of a throbbing, beating sensation in the part; it was evident that the inflammation had assumed the phlegmonic type. Applied an emollient cataplasm to the part, with directions to renew it every three hours, keeping the wool on the left side of the face, and over the nose, which was very much swollen. Pulse 105, and jerking. Opened the bowels with sulphate of magnesia and antim. tartariz.

Saturday morning.—Pain and inflammation was much

the same as on the preceding morning. Parts much more tumified; fluctuation could be distinctly felt. I decided upon laying the parts open with the scalpel, in order to release the tension of the parts, and obviate the infiltration into the cellular substance, as experience had taught me that no distinct abscess would be formed, that no adhesive inflammation would take place so as to form a distinct cyst to prevent the escape of pus into the surrounding cellular tissue. I accordingly made an incision into the part, cutting in the direction of the fibres of the temporal muscles; a profuse discharge of blood, mixed with pus, took place, and the patient was greatly relieved. Continued the emollient cataplasms to the tumor, and the application to the left side of the face as above.

Sunday morning.—Patient much better; tumifaction mostly subsided; fever abated; pain in the fauces, and soreness of the throat gone; dressed the wound with simple cerate. He continued to improve, with little variation, until health was completely restored.

CASE OF GUNSHOT WOUND OF THE LUNGS: RECOVERY.

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About half past five on the evening of the 12th September last, I was called to visit Mr. M., a young gentleman at the Exchange Hotel, who, a few minutes previously, had received a severe pistol shot wound under the following circumstances:—He was about to start on a journey into the country, and as he intended to travel all night, had provided himself with one of Colt's revolving six barrelled pistols. A companion requested the pistol to look at it, and during his examination, not being acquainted with the mechanism of the lock, it unfortunately went off, the muzzle being in the direction of Mr. M., who was at the time standing with his left side towards his friend, and about three yards distant. Mr. M. was about 20 years old, tall and spare, but muscular and active, with a well formed chest, although possessing a hereditary predisposition to pulmonary disease. Upon my arrival, I found him suffering much from pain and nervous depression, with faintness and difficulty of breathing. He was supported in the arms of a friend, in the standing position, and held his hand firmly pressed against his left side, towards which he leaned, and where, he said, the bullet had entered. I had him immediately carried up stairs to his bed room, and was in the act of undressing him, when Dr. Nelson, senior, who had also been sent for, arrived. Upon removing his clothing, we found that the bullet, passing through his vest, shirt, and woollen jacket, but without