

bone was felt to be denuded of periosteum and grooved by the bullet

Patient was found to be suffering from gleet. The injured finger, with the head of its metacarpal bone, was removed. The resulting wound, together with the wounds in the thumb, was dressed antiseptically. The hand and thumb were then put up carefully in splints. A large, soft catheter was then passed through the anterior pelvic wound and obturator foramen as deep as it would go, and the track of the bullet washed out with 1 to 1,000 perchloride of mercury solution. No drainage tube was left in, as it was thought that the posterior wound would drain itself, and the anterior wound would drain into the rectum. A pad of iodoform wool was placed over each wound, and the patient placed on his back, with the knees bent and supported on pillows.

Nourishment to be strictly liquid. An injection of a quarter of a grain of morphine to be given at once, and one grain of opium in pill to be given every six hours, to subdue pain and keep the bowels quiet. Patient rallied well. Six hours after the accident he complained of great pain in the epigastrium. The abdomen was not distended, but there was some tenderness on pressure all over it. Had passed urine freely that showed no trace of blood. Slight hæmorrhage from the anterior wound. Temperature 100°, pulse 120. To have one-third of a grain of morphine hypodermically, and poultices to the abdomen. Iodoform pads to be changed.

Next morning patient was found to have passed a fairly good night. Abdominal tenderness still present; hæmorrhage less; temperature 100°, pulse 124.

In the evening he had much less pain. Temperature 99.4° pulse 104. Took nourishment well, and was much more comfortable. Morning temperature 98°, pulse 90. Had a good night. A tube was passed through the anus

into the rectum, to see if any pus had collected there, but none escaped. From this time he went on uninterruptedly well until the evening of the seventh day, when his temperature suddenly rose to 100°, and it was feared that pus was collecting somewhere in the track of the wound. There had been no rigor. Before I was able to find the situation of the pus it commenced to escape through the anterior pelvic wound. A small drainage tube was passed deeply into this wound; the posterior wound was found to be nearly healed.

Next morning pus was freely escaping from the drainage tube. Patient was quite comfortable, and asked for solid food. Temperature 97°, pulse 72. He again went on well until the evening of the twelfth day, when his temperature suddenly ran up to 101.8°. This was found to be due to orchitis of the left testicle, which had become swollen, hard and very painful. The urethral discharge had ceased. The drainage tube was removed, both wounds being nearly healed. Four leeches were applied to the scrotum, followed by the ice bag. Morphine (one-third of a grain) injected. Patient passed a quiet night. Morning temperature 99°, pain and swelling much less.

From this date he again went on well in every respect. On the fourteenth day the posterior pelvic wound was found to be healed. The opium was now stopped, and on the sixteenth day, as the bowels did not act, a dose of castor oil, followed by a small enema of olive oil, produced a copious motion, that showed no trace of blood, pus, or mucus. Solid food was now cautiously exhibited, and the patient went on uninterruptedly well, getting up on the twenty-eighth day. By this time both pelvic wounds were healed. A few prominent granulations on the amputation wound in the finger required attention. The