

I find that, in many of our larger cities, sewer ventilation is quite insufficient and faulty. I find, too, that much apathy—or rather a want of appreciation of correct principles—is found in regard thereto, even among men who are earnest and well versed in matters of sanitation generally. I have therefore thought it a subject which should receive consideration at this meeting.

GUN-SHOT WOUND OF ABDOMEN.

TORONTO GENERAL HOSPITAL, UNDER THE CARE OF DR. ADAM WRIGHT.

REPORTED BY MR. J. W. PATTERSON, M.A.

Robert C. æt. 27.—Previous history good. Has been very irregular in his habits; has drunk to excess at times. Family history good.

About 4 a.m., Dec. 1st, 1882, he was shot, the weapon used being a revolver. Was brought to the Hospital on same day. There was no hæmorrhage. Position of wound on right side, 8 in. below nipple, 3 in. above level of umbilicus, 5 in. outside median line, $\frac{1}{2}$ in. inside nipple line. The bullet had apparently passed in a direction slightly outward. Wound was dressed with antiseptic precautions, and about 3ss. iodoform put in and about the opening. Patient suffers from intense pain in right shoulder.

Dec. 2nd, and Dec. 4th.—Wound dressed; no discharge. Dec. 6th. slight serous discharge: patient has been delirious for past two days.

Dec. 7th. and 8th.—Delirium gone; no control over sphincters; slight serous discharge from wound.

Dec. 10th.—Considerable pus; probe passed beneath the skin in an outward direction for about 2 in. where an artificial opening was made, and drainage tube inserted. Has regained control of sphincters.

Dec. 15th.—No more pus up to this time; drainage tube removed.

Dec. 20th.—Original wound filled with partially organised blood clot.

Jan. 5th, 1883.—Wound has been dressed regularly: no discharge. Just above crest of the ilium, and 2 in. to right of the spine a spot was found which on examination, appeared to contain fluid. This abscess was opened, a considerable amount of sanious pus discharged, probe was introduced and bullet felt, and the latter extracted by aid of the forceps. Drainage tube left in wound and edges of the latter drawn together with stitches.

Jan. 13th.—Drainage tube and stitches removed. From this time until he left the Hospital, nothing occurred worthy of mention. The original bullet wound did not entirely heal until April 8th, and the wound made in the back until April 30th.

The first two or three days of patient's illness the evening temperature rose to 103° and 104°, after which it scarcely ever went higher than 100½°, and during a great part of the time was normal.

Medical treatment consisted in hypodermic injections of morphia and atropia, quinine to counteract the pyæmic symptoms, and at later stage of the illness tonics.

Probes were never used in attempting to find the location of the bullet. Patient left the Hospital, May 13th, cured.

PERINEPHRIC ABSCESS.

CHAS. M'LELLAN, M.D., TRENTON.

Noticing the case of nephrotomy by Dr. A. H. Wright, in the last issue of the *Canadian Practitioner* I am tempted to relate a case which occurred in my practice some years ago.

J. R., a native of Canada, æt. 49, had resided several years in California. Shortly after returning to this country, in October, 1873, he was attacked with difficult and painful micturition. On passing a moderate sized catheter for his relief, ragged pieces of pus escaped with the urine, and at the end of a week it was impossible to pass the instrument without giving extreme pain. On examining the perineum a hard tumour of an inch or