

abdomen. There was the wound caused by its entrance, and there was the injured kidney. If it had passed through the intestine he thought it would have produced more shock; he thought it had probably passed through the mesentery.

Dr. PRIMROSE called attention to the fact that the bullet could not pass through the abdominal cavity into the kidney without passing through the intestines. The mesentery lay behind the intestine. He believed the bullet had passed through the intestine.

Dr. BINGHAM thought indications for operating would be meteorism, hæmorrhage or protrusion of the viscera from the wound. It was very difficult where these were absent to decide whether to operate or not.

Dr. GRAHAM said that bullets took all sorts of erratic courses, and he thought it was quite possible for the bullet to lodge in the kidney without passing through the intestine.

Ectopic Gestation.—Dr. TEMPLE reported a case and presented a specimen of ectopic gestation. Patient, woman aged twenty-four; mother of four children; youngest child was eight months old. She was admitted to the hospital the 12th of December. On the 20th of November she expected her ordinary menstrual period. Got up at six o'clock, went to kitchen to light a fire. Suddenly she felt a severe pain in the region of the left side of the uterus and fainted. Did not recover herself until seven o'clock, no one coming to her assistance. All that day she felt very poorly, and sent for her physician who sent her to bed; he found there was some discharge from the vagina. She kept in bed three weeks, and was then transferred to the hospital. For some few days he did not examine the case, as he was under the impression from the symptoms that it was a simple case of menorrhagia; but, upon examining, he found a cyst on the left side of the pelvis, and taking into consideration the history of the pain and fainting and the discharge, he came to the conclusion that the patient had a rupture of the ectopic cyst. Dr. Ross agreed with this diagnosis. An operation was performed, and a dark-colored mass was removed from the folds of the left broad ligament. An uneventful recovery followed.

Dr. TEMPLE presented a specimen. He said that this was that form of ectopic gestation called the abdominal form, in which the development may still continue, even after rupture in the broad ligament. Its presence might even be overlooked and the case go on to a fatal issue. In reply to Dr. Bingham, the speaker said that he had had two cases in which diagnosis and operation had been made before rupture took place. An interesting feature of the case was the fact that the woman had probably been pregnant only four weeks when rupture took place. In reply to Dr. Macdonald, he said