Scarpa's triangle, was a jagged wound about 1 inch long, through which the finger could be passed to a depth of about 3 inches, and copious venous bleeding at once commenced, showing wound of the femoral vein. Hæmorrhage could be easily stopped by pressure. At the bottom of this wound a piece (about $1\frac{1}{2}$ inch long and weighing $1\frac{1}{8}$ oz.) of shell was found and extracted.

Fig. 1.—Fragment of shell removed from wound in thigh; A, concave, and B, convex aspect.

In the right groin was another wound 1 inch long, leading to a large cavity superficial to the fascia lata, but containing no foreign body.

The left hand was blown into a blackened mass of mingled blood, bones, and tendons, and both bones of the forearms were broken about the middle. In addition to these injuries the whole of the face, head, and arms were scorched and blackened, and the moustache was burned off.

The patient was perfectly conscious, the pulse good, and his only complaint was of intense pain in the abdomen. Morphine, one-third of a grain, was given hypodermically, chloroform was administered, and the wounds in the intestines were sewn

Fig. 2.—Fragment of brass cartridge removed from abdominal wound; C, concave, and D, convex aspect.

up with catgut Lembert's sutures, about six being required to completely close each. The bulk of the exposed intestines

were kept covered with towels wrung out of hot weak perchloride lotion while the intestines were being sutured. The abdominal wound was enlarged upwards and explored, a piece of the brass cartridge case being found deep down in the groin, and evidently being the cause of the injury. The intestines were well washed with water recently boiled and cooled down to 100° , and returned into the belly; the omentum was ligatured and removed, being bruised and dirty, and the wound in the abdominal wall closed by strong aseptic silk sutures, which included peritoneum, muscles, and skin. By this time the pulse was failing, and ether was substituted for chloroform. Ether was injected hypodermically, and large enemata of hot water, salt, extract of beef, and brandy were administered, partly as a restorative and partly as a form of transfusion, patient having lost a good deal of blood. The left forearm was then amputated just above where the bones were broken, but it was considered wiser to postpone removal of the destroyed eye till collapse had passed off. Both eyes were therefore merely cleaned and dressed with iodoform ointment.

The patient was about three hours and a-half under anaesthetics, and on recovery of consciousness expressed himself as fairly comfortable, but very thirsty. The enemata were ordered to be repeated every three hours, and only sips of iced milk allowed by the mouth. The patient gradually sank, and died eight hours and a-half after the accident.

The case illustrates the terrible effects of modern shells even when so small, and filled with black powder, and it shows, also, how vast will be the amount of work thrown upon the medical officers after a serious engagement with modern arms of precision and high explosives.

It also illustrates the almost hopelessness of our efforts to deal successfully with such cases in the field, when all the resources of a well-equipped hospital, to which the patient was removed within half an hour of the accident, were unavailing.

PRIMARY NEPHRECTOMY FOR RUPTURE OF KIDNEY.

By WILLIAM ROGERS, M.D.,
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PERHAPS I may be allowed to add another to the short list of primary nephrectomies for rupture of kidney a case that came under my care while I had charge of the Riverton (N. Z.) Hospital in 1894.

History.—The patient, a girl, aged 15, was walking along an unfinished jetty, and while stepping from sleeper to sleeper missed her footing, and fell between two, striking her abdomen on the edge of one of them. Very little discomfort was complained of at the time, and the girl was only brought to the hospital the following morning. As I had left for a long country journey, I did not see her till evening, about twenty hours after the accident. The girl was then in a very serious condition, blanched, with feeble pulse and sighing respiration, and was passing almost pure blood. A fulness could be made out in the right lumbar region, slightly tender on pressure.

Operation.—The lumbar route was the one chosen. The kidney was found surrounded by about a pint of blood clot; this was removed, the renal vessels and ureter ligatured, the kidney cut away, and the wound quickly stitched up, a drain being left. During the operation, brandy and warm water were injected into the rectum. The operation was done under some difficulty with the help of the porter and housemaid (no skilled assistance being available), and by the feeble light of an oil lamp.

After-History.—The patient twice passed urine; the first time slightly tinged with blood, the second time clear, but she never recovered from the shock of the operation, and died the following day.

The kidney was found to have a double rent, diverging from the hilum, the part between being much lacerated.

PROFESSOR MIKULICZ of Breslau, who belongs to the old Polish nobility by birth, has had his nobility recognised in Prussia, and will in future be known by the style and title of von Mikulicz-Radecki.