

by the blood and stomach contents present in the lesser sac. The opening in the omentum must be of adequate size and the wound in the posterior surface sutured in a similar manner to the anterior wound. Search may be made for the bullet and any other injury which it may have caused in its progress. Omission to make an examination of the other structures possibly involved may render useless all your efforts.

Sir Berkeley Moynihan¹ writes :—

"It is remarkable how often they are overlooked. Forgue and Jeanbrau quote many cases where at the *post-mortem* examination gross damages, overlooked at the operation, were laid bare. Bertram records a case where the spleen and left kidney were found injured ;

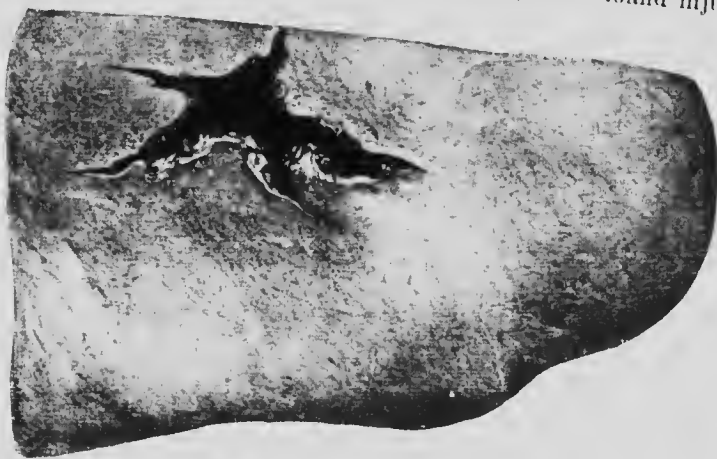


FIG. 3.—Bayonet Wound of Liver: 432, St. Thomas's Hospital Museum.

Briddon, one where four perforations of the small intestine were found ; Gabzewicz, one where an injury to the colon was seen ; and Poncet and others, examples of injury to the liver. The minutest search must be made, despite the fact that, because of the patient's collapse from shock or hæmorrhage, a prolongation of the operation is not without its own danger."

The treatment of the stomach wounds and the general peritoneal conditions does not differ very much from that required after perforation of a gastric ulcer, and will vary according to the position of the wound as regards the pylorus and the time that has elapsed since the escape of the stomach

¹ "Abdominal Operations," p. 321.