

ing the night he became weaker, though less sick, and at 4.45 he died quietly (sixth day.)

The *post-mortem* examination was made by Mr. Bilton Pollard, whose notes contain the following facts: The small intestines were very much distended, especially in the umbilical region; there was no gas, lymph, or pus anywhere in the abdominal cavity, but the coils of the bowel in the distended area were slightly greasy. The large intestine was not at all distended, and seemed out of the area of inflammation, which had affected the small intestine solely. The latter in the neighborhood of the wound was more adherent than elsewhere. The portion of bowel sutured, which was in the ileum about three feet from the caecum, was in a perfectly satisfactory condition. Union had taken place thoroughly between the cut ends, and the bowel was not obstructed in any way. Tested with considerable pressure it was perfectly air and water tight. There were about two drachms of blood-stained fluid in the recto-vesical pouch, about half a drachm in the right flank, and three drachms in the left. There were a few spots of extravasated blood in the omentum, which occupied its normal position, but was adherent to the edge of the wound by recent lymph. There was much hypostatic pneumonia in both lungs, especially on the right side; the other organs were healthy.

It will be seen from these notes that the cause of death was a very moderate amount of peritonitis limited to the small intestine, and in addition no doubt the hypostatic pneumonia told unfavorably. Indeed, there was so little to be found in the abdomen indicating peritonitis, except the distended coils of bowel, that there was some hesitation in accepting this as the cause of death. But the absence of any other lesion except the pneumonia, left no alternative. A septic condition, in the ordinary use of the term, did not exist; the spleen was quite normal and other evidences also failed, in short, one turned away from this necropsy with an intensified feeling of disappointment, because the patient had so very nearly recovered.

These two cases appear to me to possess

each its own special interest. In the first there can be but little doubt that a fatal peritonitis would have occurred had not the bullet, its wad and the clots which surrounded it, been removed from the folds of the omentum by abdominal section. Again, laparotomy enabled us to exclude from consideration all other injuries of viscera, without subjecting the patient to any special risk in exploration. The case is also of interest in being the first successful laparotomy for gun-shot wound of the abdomen recorded in this country. I trust it may encourage other surgeons to very prompt action in similar cases, so that the conclusions arrived at in America as to the propriety of immediate laparotomy in all cases where penetration of the abdomen is proved, may be justified by our experience too.

The second case, although a source of the keenest disappointment to me, has in no wise shaken my belief in the rule that every case of the kind should be treated immediately by abdominal section; indeed, it strengthens that belief in every way. What little peritonitis there was no doubt started from some spot in the peritoneum not thoroughly cleansed from matters escaped from the wounded bowel. Whether a more perfect antiseptics could have been carried out by a medium incision and irrigation may be a question of opinion, but I am strongly inclined to think that it could, though at the time I decided that the extra time and strain upon the patient's powers involved a double incision and its concomitants would be too dear a price to pay. That the median incision should be the rule in the vast majority of such wounds of the abdomen I am convinced, and this view will be shared by every one who carefully studies the literature of the subject. This literature is now becoming a large one. Sir William MacCormac's classical monograph sufficiently attests this by the numerous cases there quoted. But even in the short interval of only a few months which has elapsed since he published his collection of thirty-two operations for gunshot wound of the abdomen, almost an equal number of cases have been put on record, chiefly in America, and