

suffering from shock; complains of pain all over the abdomen, but more particularly in the umbilical region; abdominal muscles tense. In the left lumbar region, just below margin of the ribs, there is a small, circular-shaped wound, from which a little blood has flowed, the edges being slightly discolored. During my examination he vomited some partly digested food, but no blood; pulse small and quick. On passing probe into wound, it ran forwards between abdominal muscles for about an inch and a half, but no bullet could be detected. After consultation, it was decided to open up this sinus. Chloroform having been administered, this was done, and at the end of it was a small opening leading directly into the abdominal cavity. I then opened the abdomen in the middle line, from about one inch below sternum to two inches below umbilicus. There was some blood in the abdominal cavity. On-examining the bowels I found seven distinct perforations, all of these being in small intestine, the bullet having gone transversely through three separate portions of gut, thus causing six wounds; the fourth piece of gut only having one wound, it was thought probable that the bullet was lodged in this piece of bowel; but the coats being swollen, probably from effused blood, and also the intestine containing faecal matter, the bullet could not be felt. I invaginated the edges of the wounded portions of intestine, and, over a small probe, stitched the peritoneal surfaces together in the length of the gut, using interrupted sutures of fine silk, three to each wound. Having returned the intestines, I sponged out the abdominal cavity, and brought the external wound together with silk sutures, dressed with iodoform and Gamgee, and applied flannel binder. Patient was given a half-grain morphine suppository, and put to bed.

December 1st. Has passed good night; was sick once; (chloroform?). Temperature 99°, pulse 100.

The temperature never rose above 100° on the second night, after which it became normal. There was no sickness nor swelling of abdomen. The first eight days he had nothing but ice to suck, hypodermic injections of morphine every six hours, and his urine drawn off; after the eighth

day, three Viking's nutrient suppositories daily. On the fifteenth day he was allowed, in addition, Viking's meat jelly by the mouth. On the twenty-second day he had milk. On the twenty-fourth day, his bowels not having been moved since the operation, an enema was given, which acted freely, but no bullet was passed. Five days later he was given another enema, and the bullet came away in the motion, having been in the intestine for twenty-nine days. The treatment of the wound gave no trouble. I did not remove the dressing for ten days, when it was quite healed, and I took out the stitches. The patient left the hospital in six weeks perfectly well, and has since returned to his work, feeling no ill effects from his accident.—*British Medical Journal*.

#### HEPATIC ABSCESS BURSTING INTO THE PERICARDIUM.

Dr. Joaquin L. Jacobsen, of Havana, reports a case in which an abscess of the liver, which was recognized during life, was found after death to have burst into the pericardium. The complication is so rare that Dr. Jacobsen has been able to find only ten cases previously recorded. The patient was a white man, aged 39, who had been a heavy drinker, and had suffered from malaria. He had been troubled for about a year with dyspeptic symptoms. He was pale and slightly jaundiced, and had lost flesh. Both the liver and the spleen were enlarged, and there was some tympanites. He complained of constant pain, sometimes referred to the epigastrium, sometimes to other parts of the abdomen. Percussion in the epigastric region gave a little pain, but gave a normally-resonant note. He was treated with purgatives and alkalies, and a blister to the epigastrium. The enlargement in the region of the liver increased, but no fluctuation could be detected, and there were no signs of adhesion. Symptoms of intestinal obstruction came on soon afterwards, with marked tympanites and dyspnoea, and three days after the commencement of this new phase of his illness the patient died. At the necropsy the lungs were found contracted and pushed towards the posterior and