

Among the many lessons surgeons have learned during the campaign in South Africa, there are none more unexpected than those concerning the treatment of wounds of the abdomen. Before the war the rule was, "that even if the most remote chance of a wound of the gut exist, the abdomen should be opened at the first opportunity." In the early part of the campaign, a number of these cases were operated on, and it was seen that the puncture made, was so small it was difficult to recognize, especially after a few hours, and these minute openings did not leak to any extent, so it was suggested that the impact of the swiftly moving bullet had the happy effect of exhibiting peritonitis. A rapid closure of the bowel is likely to occur when patient has been long without food, a common condition among soldiers. So the majority of gunshot wounds were treated by the expectant method, and under it 60 per cent. recovered, which bears contrasting with the 90 per cent. mortality of the American Civil War. This expectant treatment is simply, dress wound, put patient at rest, nourish by rectum, and a light diet until wound is entirely closed.

Treves advises operation in these cases: if seen before seven hours after receipt of injury. If patient had short and easy transport, and if patient had an empty stomach.

Do not operate—in cases not seen until seven hours or more after receipt of wound. Those wounded after a meal. All oblique and transverse wounds above umbilicus. All cases of retained bullet. Most cases below umbilicus. All wounds of liver, spleen and kidneys. When you think colon is injured.

So according to this, the cases suitable for operation are few. Dent says,—as we are never sure of extent of the injury, an operation is only an experimental procedure, so is not justifiable and should not be resorted to unless there are evidences of effusion of blood into peritoneal cavity. This may be the better practice in military life, but surgeons at home do not think it a practical treatment of bullet wounds met with in civil practice, and I think we can refer to the treatment of Wm. McKinley as an example of the treatment adopted by civil surgeons in general. External wound is cleaned, remove omentum, wash intestines, with boracic acid solution, or carbolic (1-60), repair wound of stomach with Lembert's sutures. Close wounds of intestines, close parietal wound leaving a tube or gauze in, if any fear of infection, if not, close carefully to prevent hernia. The after treatment is same as any operation on abdomen. Rest, nourishment, and watch bowels, kidneys and temperature. Morphine is generally given as soon as patient is seen to relieve pain.

*Thoracic Wounds.*—Perforation of lungs seem to have healed rapidly