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CASE OF PENETRATING BULLET  
WOUND.

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C. C. M., aged 30, accidentally shot on afternoon of June 23rd, 1887, by the discharge of a colt's revolver which he was unloading. Point of entrance of ball, which was conical forty-four (44) calibre, about an inch and a half to right of median line of chest and immediately over the cartilage of second rib, exit behind the middle third of external border of right scapula.

When first seen, twenty minutes after the accident, patient was suffering from shock. Hemorrhage, mainly from entrance wound, not excessive, and mixed with air bubbles. The wounds were washed, dressed with dry iodoform and covered by pads of absorbent cotton, secured by a firm bandage. The shock yielded to stimulants in small quantities, and morphia sufficient to relieve pain and secure rest constituted the only immediate treatment. Patient coughed up blood during the night, and at intervals in small quantities during the next three days. Pulse ranged from 80 to 100; average temperature 101, and respiration 28 to 30. On Sunday, the fourth day after the accident, I turned him over on the side and re-arranged bandages. No oozing or irritation about either wound. This condition of things continued until the

following Sunday, eleventh day, when on dressing the wounds I discerned an emphysematous patch under right axilla. This, however, disappeared during next day or two. The wound in back never gave the slightest trouble, and a week after this was healed entirely. On Monday night, twelve days after accident, the temperature ran up to 104° and continued high (101°-104°) all next day. There was a good deal of tenderness to right of entrance wound. Back of right lung dull in percussion, bronchial breathing, vocal resonance none or very little. About entrance wound bronchial breathing and increased vocal resonance as from the first. Tuesday night, thirteenth day, pain about wound became excessive, and I therefore dressed it. Finding that pus came up near the surface on certain motions of chest walls and manipulation of skin and muscles, I inserted a canula attached to an aspirator syringe, and working it downwards and outwards about an inch and a half, entered a cavity and drew off a considerable quantity of unhealthy pus. Next day there was considerable discharge on the dressing, and I drew about half an ounce more with the syringe. In the evening I turned him on left side and, after drawing off some bloody pus, washed out the wound with 1-5,000 sublimate solution. Air now entered freely and came out of wound for first time since the first day. Pulse, 115-120; temperature, 103.8°; respiration, 32-40; pain and dyspnoea. During the night he coughed a good deal, causing hemorrhage from the wound, which saturated the