

removed to the Hotel Dieu Hospital, convalescent, I visited him every alternate day, but nothing occurred worthy of note.

The only peculiarity in the treatment of this case was the continued use of cold applications to the abdomen. These I adopted with a view of reducing and keeping down local inflammatory action, and in the hope of diminishing the peristaltic action of the intestines; knowing that coagulable lymph would nevertheless be effused rapidly and freely enough for the purposes of reparation.

Some persons may question the propriety of returning the divided intestine without a suture, notwithstanding the result; as "the opinions regarding the treatment of *an intestine wounded and at the same time protruded* are very different."† "In slight stabs of the intestine the opening of the wound is always closed by the protrusion of the inner coat. In longitudinal wounds the edge of the wound always turns out, and from the contraction of the longitudinal and transverse fibres of the gut, the wound assumes an oblong form. In transverse wounds the edges are not so widely separated, but they are more thickly turned out." Travers says:‡ "if a gut be punctured the elasticity of the *peritoneum*, and the contraction of the muscular fibres open the wound, and the villous or mucous coat forms a sort of hernial protrusion, and obliterates the aperture. If an incised wound is made, the edges are drawn asunder and reverted, so that the mucous coat is elevated in the form of a fleshy lip." He also gives the following excellent description§ "of the reparation by artificial connexion of the divided parts" of a wounded intestine:—"It commenced with the agglutination of the contiguous mucous surfaces, probably by the exudation of a fluid similar to that which glues together the sides of a recent flesh wound when supported in contact. The adhesive inflammation supervenes and binds down the reverted edges of the peritoneal coat from the whole circumference of which a layer of coagulable lymph is effused, so as to envelope the wounded bowel." The lymph thus deposited becomes rapidly organized|| and the quantity effused is abundant as was proved in Corrigan's case, at least a pint having been found in the cavity of the abdomen.

Among the advocates of a suture to the wounded intestine, Joubert¶ "employs the stitch, by which the edges of the wound are so brought together that the serous surfaces touch, if the wound be above three

* South's Chelius. American Ed., vol. 1, page 509.

† Idem. Page 508.

‡ Travers on Intestinal Injuries, page 85.

§ Ut supra, page 128.

|| Cooper and Green's Manual of Surgery, page 12.

¶ Mémoires sur les plaies du canal intestinal. Paris, 1827.