

Hospital, who very kindly made cultures from it ; but after keeping them at a temperature of 37 degrees centigrade for forty-eight hours, he was unable to find the development of a single colony, thus clearly proving that the abdominal cavity was surely aseptic, for if germs were to be found they would have been present in the fibrin on the gauze drain that I had removed.

July 1st.—Morning temperature 99 2.5 ; pulse 72. Patient much improved, and rested quietly nearly all night. Had a small motion of the bowels. Takes his nourishment of milk regularly. The dressing that had become loose was replaced. Evening temperature 99 2.5 ; pulse 84.

July 2nd.—Temperature 99 ; pulse 76. Patient rested nearly all day. Evening temperature 99 2.5 ; pulse 80.

July 3rd.—Pulse 78 ; temperature 99. Patient takes milk regularly, and shows marked improvement, and does not complain of pain. Had large motion of the bowels. Evening temperature 99 ; pulse 76.

July 4th.—Pulse 72 ; temperature 98 2.5. Patient much improved. Had motion of the bowels. Taking milk and egg-nog regularly. Wound dressed. Some stitches that were found to be cutting were removed. Slight amount of redness around each stitch, but wound otherwise quiet, and dry, and abdomen flat. Evening temperature 99 2.5 ; pulse 76.

July 5th.—Pulse 70 ; temperature 98 2.5. Patient rested quietly, and takes nourishment regularly. Evening temperature 100 ; pulse 76.

July 6th.—Temperature 99 ; pulse 76. No unfavorable symptoms. Evening temperature 100 ; pulse 78.

July 7th.—Temperature 98 2.5 ; pulse 76. Evening temperature 99 2.5 ; pulse 72.

July 8th.—Temperature 98 2.5 ; pulse 72. Evening temperature 99 ; pulse 72.

July 9th.—Temperature 98 2.5 ; pulse 72. Dressed wound. Looks very healthy and healing kindly. Removed all stitches. Several of the stitches that were removed had cut quite deeply into the tissues, and strapping was used to take the tension off the wound. Evening temperature 99 ; pulse 78.

From this day on the patient took solid food, and steadily improved, his temperature and pulse remaining normal, until July the 15th, when a

visitor gave him a dish of raspberries to eat, which caused an acute attack of indigestion with severe abdominal pain and vomiting. Morphia had to be given hypodermically, to relieve these symptoms, and the next day he was much improved, and able to sit up and be around his room as usual. He was discharged from the hospital in one month, and during his last two weeks' stay he gained in flesh, and felt nearly as well as ever. Since that time he has not suffered any, and is as strong as he ever was in his life.

This case is a singular one, from the fact that one small pistol ball should, in passing through the abdominal cavity, have done such an extensive amount of injury to the abdominal viscera. The ball, I believe, passed from right to left in a downward and backward direction, perforating first the stomach, then the mesentery of the transverse colon, the transverse colon, mesentery and two coils of small intestine, and is at the present time encysted in the muscles of the back close to the spine, and is not doing any harm. At the time of the operation a further search might have been made for the ball, but the condition of the patient would not permit of it, and we had to be content when we had stopped all hæmorrhage, repaired all wounds in the bowel, and got the abdominal cavity as aseptic as possible.

Another feature in the case is, that although the ball had caused such severe injuries to the intestines, allowing the fæcal matter to pass into the abdominal cavity, and also allowing of profuse hæmorrhage from bowel and mesentery, that the patient's temperature scarcely went above normal, only on one occasion reaching one hundred ; and that after the operation the patient did not show practically one unfavorable symptom. This clearly shows how effectual the continuous Lambert suture is, when properly applied, in controlling the hæmorrhage, shutting off the alimentary canal from the abdominal cavity, and beautifully bringing the peritoneal surfaces in close apposition, for the healing process to take place. It holds them in that position until nature has formed a firm and lasting cicatrix. This suture can be very rapidly inserted, and I wonder why any one should use any other form of complicated suture which takes more time ; or use any device which takes fully as long or longer to insert, and from which after-complications may arise.