

in a like manner to holes numbers one and two, by using fine silk with a continuous Lambert suture. We next found two more holes in mesentery, which were brought together with a silk purse-string suture, precisely as the other mesenteric wounds had been treated.

It was now found necessary to enlarge the abdominal incision slightly upwards, and on bringing the transverse colon into view, we found that the ball had pierced it from side to side, making in it two ragged holes that would take my index finger. These bowel wounds, numbers five and six, were repaired in a similar manner to bowel wounds numbers one, two, three and four.

The stomach was next examined, and on its anterior wall near the lower border was a hole about the size of a quarter of a dollar, but elliptical in shape, with ragged edges. This perforation number seven was repaired with the continuous Lambert suture, in the same way as we had done with the other six bowel wounds. On examining the other side of the stomach no hole could be found.

The intestines were replaced within the abdomen, and the cavity thoroughly flushed with hot sterilized water, by pouring it in from a large bedroom pitcher, and forcing it out of the cavity, by external pressure with the hands on each side of the abdomen.

We found some large-sized clots, one of which was half the size of my fist, which we removed. All blood and clots having been removed from the peritoneal cavity, I started at the lower end of the gut and examined it from one end to the other, keeping it warm all the time with hot aseptic towels, but could not find any further damage that the ball had done. The abdominal cavity was next searched from the diaphragm to the pelvis, but without finding any trace of the bullet or other damage done by it.

All the wounds that had been repaired were for the last time inspected, but no hæmorrhage or oozing was found. By this time our patient was very weak and hypodermics of brandy or ether were administered at intervals.

The intestines were replaced, and the abdominal cavity thoroughly washed out with hot sterilized water; fully a dozen large jugsful were used in these repeated flushings. All the water was sponged out and a sponge on a holder left in the

lower part of pelvic cavity. A large flat sponge was inserted over the intestines, to keep them in place, while the abdominal stitches, of silkworm gut, were introduced. The upper stitches were tied first, and the sponge was removed from the pelvic cavity, which was not even bloodstained. A drain of iodoform gauze was passed to the lowest part of the abdominal cavity, and the other end brought out through the lower end of the abdominal wound. Having removed the large flat sponge from over the intestines, the remaining silkworm gut sutures were tied. The wound was dusted with iodoform, covered with silk protective, sterilized gauze dressing, and a thick layer of sterilized absorbent cotton applied, the whole being kept in place by a broad many-tailed flannel bandage. The patient was placed in bed with blankets and hot bottles.

During the operation, on account of his weakened condition, he received about twelve hypodermics of brandy or ether. When in bed the pulse could just be felt at the wrist. Hypodermics of brandy, to be alternated with a saline solution (one drachm to the pint), were ordered to be given every ten minutes until pulse improved.

Time of operation—one hour and twenty minutes. Six hours after the operation the pulse was 130, and the temperature 99 2.5°. The patient complained of pain, so a quarter grain of morphia was given hypodermically, and he rested fairly well during the night.

June 29th.—Morning temperature 98½; pulse 124. Taking milk and brandy as nourishment; suppositories of opium, one grain each, ordered for pain, and to keep bowels at rest. Evening temperature 99 2.5; pulse 132.

June 30th.—Morning temperature 99; pulse 120. Wound dressed, drain of iodoform gauze removed, and placed in sterilized gauze for examination. It was pulled straight up through the wound, and had remained evidently at the bottom of the pelvic cavity where it had been placed; its lower part was covered with fibrin, and it was not even bloodstained; which clearly proved that not even any oozing of blood had taken place. The wound looked very quiet, no redness or tenderness, and abdomen quite flat. Evening temperature 99 2.5; pulse 120. The drain of gauze, which was carefully kept in sterilized gauze and cotton, I sent to Dr. Edgar, of the Hamilton City