was a splitting of the gastor hepatic omentum. A series of Lembert sutures were placed in the stomach wound and the omentum was brought together. A long gauze drain was inserted at the bottom of the wound. This was removed in thirty-six hours. Subsequently he passed blood in the stools.

His further course was uneventful and he left the hospital three weeks after his admission.

POINTS IN THE CASE.

1. This accident occurred late at night, between eleven and twelve, when very little, if any, food was in the stomach. Peritoneal infection depends upon the size of the wound and the contents of the stomach. Here we had a large wound with the minimum amount of contents. If vomiting occurs with the stomach full, the contents escape freely into the peritoneal cavity.

2. Immediate suturing of the wound in the stomach and omentum was done.

Sir F. Treves, judging from his experience in the South African war, has said that in his opinion "it is advisable to operate in cases in which the abdomen is traversed above the umbilicus owing to the multiple character of the injuries," but others again hold that the lessons of this war have no application in civil practice.

Moynihan, for instance, from the records of 112 collected cases of gunshot wounds of the stomach, verified at the post-mortem examination or at an operation, is of the belief that, "in all forms of gunshot wounds of the stomach, in civil practice, the abdomen should be opened with the utmost expedition." The records of the cases show that mortality increases in direct proportion to the delay.

3. Occupation such that little, if any, dirt entered at the wound.

Gunshot wound of leg in which Acute Tetanus supervened.

I am indebted to Dr. Young for the privilege of seeing and subsequently treating this case.

W. L. C., aged 19, homesteader, was accidentally shot in the leg, on the right side, on May 24, 1910, while returning from an outing, part of which consisted in shooting practice. The guns