of the bullet that the intestine had been injured. There may be many wounds in the bowel, the operation will be not only prolonged but difficult, wound after wound may present itself, each succeeding one proving more certainly the need for the operation. There must be no waiting for symptoms. The surgeon has more reason for urging operation than in cases of suspected subcutaneous rupture of the gut. It is true that there may be doubt as to a wound of intestine in the latter injury, but in the former there can be none. The incision should extend through the track of the bullet down to the peritoneum, any foreign substance that may be found being removed and kept. The edges of this wound should be excised, especially in wounds which have been inflicted for some time. An opening large enough to admit of thorough inspection of the abdominal contents underlying should be made through the peritoneum, and after packing off the area of probable injury with sterilised gauze any blood or escaped fluid should be wiped away and the track of the bullet followed further. Wounded gut should be drawn outside and immediately sutured. As there may be many openings in opposed loops, no abdomen should be closed until actual inspection has proved that none have been overlooked. Cleanse the intestine and parts involved in the examination with sterilised saline. Do not hesitate to bring all the intestine outside the wound inch by inch if necessary, beginning at the cæcum and working from that as a fixed point. If the operation has been done early, there will be no distension of the intestine, and manipulation of the parts will be comparatively easy and quickly performed. When there is commencing infection and distension of the intestine, it will be best to empty, possibly through a puncture, one or more of the most distended coils, and the need for drainage will be evident.

Although it will be advisable to follow the track of the wound down to the peritoneum in all cases, this incision may require to be supplemented by another nearer the middle line to enable you to deal adequately with the injured bowel. In most cases, however, the linea alba can and should be avoided, on account of the danger of later development of a hernia; but rapidity of operating is important, and for the surgeon who has not had a great deal of practice the less complicated incision may be best.