

dicrotous (from subsequent observation this was probably its normal condition); it was of good volume. The skin was normal, and the temperature in the rectum 98.2° F. He had not vomited. He lay on his right side, with his knees drawn up; his breathing was slow and shallow, with an occasional catch. There was a small bullet wound, with blackened edges, over the border of the costal cartilages on the right side, one inch from the middle line, at the level of the tip of the ensiform cartilage. The pistol was a small "pin-fire" weapon carrying a conical ball 11 millimetres long, 7 millimetres in diameter, and weighing 60 grains. There was little or no external bleeding from the wound, and no evidence of fluid in the abdomen except a suspicion of dulness in the right flank, but there was much tenderness on pressure over the abdomen.

I first saw the patient at about 5 a. m., two hours or so after the injury, when he was beginning to recover from shock. Feeling confident from the situation of the bullet wound that the ball must have entered the abdomen and have struck the liver, and fearing that the slight dulness in the right flank was commencing effusion of blood, I had little hesitation in deciding on laparotomy in order to check hæmorrhage, suture any lesions if present, and cleanse the abdominal cavity. Having, therefore, made every arrangement for complete antisepsis, the operation was done at about 6.30 a.m.

I first made an incision about two inches and a half long over the tip of the ensiform cartilage, and on drawing its edges apart could see the opening in the peritoneum through which the ball had entered the cavity. Nearly under this, and at the attachment of the falciform ligament to the liver, was a patch of ecchymosis under the serous covering of the organ, which suggested the point at which the latter had been struck by the bullet. There was no corresponding breach of surface of the liver, either here or elsewhere, though I carefully examined most of the anterior surfaces of the left lobe by pressing it down and throwing the light well between it and the ribs, and also by passing my

hand over it. The surface of the organ was, however, stained with blood, and a dark clot was seen extending directly downwards in the middle line. This was about the size of the little finger when drawn out, and led me to think that it came from the track the ball had taken. I therefore prolonged the incision to the umbilicus, and found some more and larger solid clots lying underneath the abdominal walls and upon the colon and omentum.

The first point was now to see that the stomach was not injured, and a careful examination of its surfaces as it bulged up into the wound, as well as the fact that it was tense with gas, clearly indicated that it was not perforated. It was therefore pressed back into the abdomen, and the transverse colon lying just below it was hooked up and drawn out of the wound to the extent of about eighteen inches for careful inspection. This also was found intact, but the omentum along its lower border was noticed to be much blood-stained and covered with clots ranging from one the size of my thumb downwards, apparently derived from lesions of some of its own vessels. These clots were therefore carefully disentangled from the omentum, and the latter was wiped clean, and while this was being done the bullet was found in its folds, and a moment later a small round wad. From the position of the bullet it appeared quite clear that it had struck the liver at the insertion of the falciform ligament, and had glanced off it and passed between the abdominal wall and the stomach and transverse colon as nearly as possible in the middle line, to become entangled in the folds of the omentum, some of whose vessels were torn. It seemed highly improbable, therefore, that any other viscera were injured. Nevertheless, all the coils of small intestine exposed by the incision were carefully examined; then sponges wrung out of sublimate solution were thrust into both flanks and the recto vesical pouch, but came out unstained. The viscera exposed were then thoroughly cleansed by sponging, and were adjusted with the omentum over them, after which the abdominal wound was closed in the usual manner. The bullet track in the