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A PISTOL SHOT WOUNDING STOMACH, LARGE AND SMALL INTESTINE, AND MESENTERY, WITH RECOVERY.

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J.N., æt 19.—Family history good; has been addicted to the use of alcohol for three years; physique poor.

The patient was shot in the abdomen, during a bar-room row, with a 32 calibre revolver. Was seen June 25th in consultation with Dr. Balfe at 4.15 p.m., soon after accident. The ball entered the abdomen three-quarters of an inch above, and to the right of, the umbilicus; a portion of omentum about half the size of a man's hand protruded from the puncture. His pulse was weak and frequent, and the patient in a condition of collapse. We dressed the wound with aseptic cotton, and sent the patient to St. Joseph's Hospital in the ambulance. He was under the influence of alcohol at the time of the accident. Operation at 5 p.m.; was assisted by Drs. Balfe, Cockburn, Storms and Rogers. The patient was anæsthetized, his clothing cut off, and his extremities wrapped in batting and bandaged. We carefully scrubbed the belly with soap and water, and 1 in 1000 bichloride solution. The hernia of omentum, which was full of dirt, was ligatured with catgut and cut off. I made an abdominal incision in the median line, about four inches long, starting just below the navel and extending downwards. All bleeding vessels having been tied, the abdominal cavity was opened and the incision extended to the right of the navel to the point of entrance of the ball, cutting through the abdominal wall with scissors. When we got into the abdominal cavity a fæcal odor was quite apparent. The abdominal cavity was completety filled with dark fluid blood, a quantity of which was sponged out. The first hole found was in the mesentery of the transverse colon, the size of a quarter of a dollar, but oval in shape. The large veins and arteries that had been wounded were bleeding profusely. The bleeding from this opening I controlled, by passing a stout silk purse-string suture around the opening by means of an ordinary round, straight sewing needle, which suture was tied tightly. Two smaller holes were next found in the mesentery of the small intestine, which were also allowing free hæmorrhage. These were ligatured, and tied in a like manner, which effectually stopped the bleeding. At this time three or four feet of bowel was outside the peritoneal cavity, but we kept it warm by applying towels wrung out of hot sterilized water. On taking out more of the small intestine, it was found that the ball had entered the gut, and passed through a coil, making another hole at its point of exit, on the opposite side. These wounds were about the size of my little finger, and their mucous membrane was everted. These two openings I repaired by using a fine, round, ordinary sewing needle with fine aseptic silk. The coil was steadily held up, while the peritoneal surfaces of the first opening were brought together with a continuous Lambert suture. I started the suturing fully half an inch from one margin of the wound, and finished fully half an inch from the opposite margin, placing the stitches at intervals of about one-eighth of an inch. When these sutures were drawn taut, it was found that they brought the peritoneal surface into close apposition, and also beautifully controlled the hæmorrhage. Hole number two, or point of exit, was treated in a like manner. On taking out more of the small intestine two more holes were found in the mesentery, which were treated in a similar manner to the other holes in mesentery, that had already been repaired.

After removing more of the small intestine from the abdominal cavity, it was found that another coil of intestine had been perforated by the ball, in the same manner as the intestine that had already been repaired, that is, the ball had travelled through the gut from side to side making two holes in the bowel. These bowel punctures, numbers three and four, which were bleeding considerably, were repaired and the hæmorrhage stopped