

A portion of the mesentery, also protruded, was attached to the intestine in which, at the most convex and projecting part, there was a wound about three-fourths of an inch in length, with everted lips. We proceeded without delay to reduce the protruded intestine. This was accomplished without much difficulty, after having emptied it of its contents through the wound. Beginning on either side with those portions nearest the wound in the abdomen, we reduced them gently and alternately, so that the wounded part of the intestine was returned last. However, before its complete reduction, we closed up the wound in it, after the manner of an interrupted suture, with two ligatures, cutting off one end of each, close to the knot and leaving the other of some length and coming out at the wound in the abdomen. After the reduction of the intestine, finding it impracticable, from the thickness of the parietes of the abdomen, the retraction of the divided muscles and tendons and the violence with which the intestine was forced outward, to pass a needle through the whole thickness of the parietes, we closed up the external wound with an interrupted suture of three stitches, passing the needle through the integuments and what appeared to be the tendons of the oblique muscles. Johnston was then carried to his dwelling in Bath, where the wound was dressed with adhesive plaster, graduated compress and bandages. Soon after this our fears concerning the bladder were allayed by a free passage of urine.

As he complained of much pain, an anodyne was administered and repeated through the night. On the next day, the 3rd of Nov., we endeavoured to procure a passage from the bowels by enemas and by administering two ounces and a half of castor oil in divided doses, without success. During this and the following day he was excessively thirsty, and swallowed large quantities of fluid, mostly cold water, which, as soon as the stomach became surcharged, was invariably returned by vomiting. He was much annoyed during this and the three or four following days with severe hiccoughs and frequent eructations of wind. Some time in the afternoon, peritoneal inflammation came on. This was promptly met. Sixteen ounces of blood were taken from his arm by Dr. Stewart. This operation was repeated thrice more before noon the next day. In all seventy or seventy-five

ounces of blood were abstracted. During this time his pulse ranged from eighty to one hundred and twenty-five a minute, his abdomen became very hot, tense and painful, his tongue loaded, his breath fetid and his thirst insatiable.

Having failed in our efforts with the enemas and oil, we employed, on the evening of the 3rd of Nov., Cooper's flexible tube and pump, throwing into the intestines a solution of Epsom salts, etc. This came away loaded with fecal matter, but nothing, as we supposed, from above the wound. On the following day, Nov. 4th, his pulse being still more variable, his skin dry and his tongue foul, hoping yet to obtain a passage from above the wound in the intestine, we gave him calomel and Dover's powder in small but repeated doses. This afternoon he several times complained of rigors, accompanied with ghastliness of countenance and restlessness of body. As the pain and tension of the abdomen still continued and we had already abstracted blood until the buffy coat no longer appeared, the last taken being quite thin and mostly serum, we applied a large plaster of cantharides to the abdomen above the wound. This acted timely and with good effect. A third physician was called. He preferred sulphate of magnesia, in divided doses, to the calomel, and recommended the removal of the ligatures.

The sulphate of magnesia was given as preferred but was quickly returned by vomit. It was repeated again and again with the same result. It was now the 4th of Nov., in the evening, and we had as yet failed in all our attempts to procure a passage from above the wound in the intestine. Our patient had evidently been growing worse for the last twelve hours. About ten o'clock this evening, remembering the old maxim, "*Citius est anceps, experiri auxilium quam nullum*," we determined on administering the croton oil. Accordingly we gave one drop immediately, and after three hours another.

Those who have felt the solitudes of incipient practice can easily imagine what were our feelings, when, on our return after having been absent but a short time, we found that after some severe pains and a sensible gurgling about the wound, there had been quite a copious and natural stool, that his pulses which before were hard, small and frequent, had now become softer, fuller and about eighty to the minute; that his thirst had abated,