any relief. The poor fellow's suffering was intense. During the past hour his pulse had failed considerably. Spirits good. After placing the patient under chloroform, we made an incision from the lower edge of the anterior wound down the median line, sufficiently large to allow a thorough exploration of the cavity, causing the protrusion of some of the small intestines and the discharge of about a pint and a half of bloody fluid from the peritoneal cavity, mixed up with a quantity of half-digested food. In searching for the cause of this extensive extravasation, we found an extensive laceration two and a half inches long through the anterior wall of the stomach, to the left of the median line, corresponding with the course of the ball, allowing the contents of the stomach to escape into the peritoneal cavity. We could not find any other wound perforating the stomach or bowels. The bullet had passed along the wall of the stomach, laying it open without entering its cavity, passing out at the mesial line. The peritoneal cavity was carefully cleansed, the escaped intestines returned after all foreign matter was removed, and the rent in the stomach closed by continued suture and also secured to the external wound, in hopes of getting additional adhesions to the abdominal wall and more thoroughly preventing any further extravasation into the cavity. The external wound was then closed, dressed, etc.

Our little patient stood the operation well and expressed himself as feeling comfortable. He was now free from pain and vomiting. Before and during the operation he was making frequent efforts at vomiting, but only vomited once afterwards. All that he now complained of was excessive thirst, which continued until his death. The operation did not increase the shock as much as might have been expected. However, his strength continued to fail until three o'clock the following morning, eleven hours after the accident, when he became unconscious, arms slightly convulsed, and died at half past three.

Although this case proved fatal, as all other cases of the same nature have done, still I think that in cases of gun-shot or incised wounds perforating the stomach or bowels, it goes far to show the importance of enlarging the external wound, suturing perforations, and thoroughly removing all foreign matter, not trusting to luck in these cases. What possible chance had this boy to recover with a rent in the walls of the stomach two and a half inches long, and the contents of the stomach emptied into the peritoneal cavity, without an operation of this kind? And what could be expected from an expectant plan of treatment in a case like this, but the death of the patient? The operation certainly placed this patient in the most favorable, in fact, in the only condition possible for him to recover. In our treatment we were only carrying out the rule in surgery: that no matter how severely the patient is injured, treat him or her as if you expected recovery. In the future, should I be called upon to attend a case of shot or punctured wound of the stomach or intestines, where there was reason to believe that there was extravasation of fæcal or other matter of a dangerous nature, I would not hesitate to recommend the same treatment. In *Gaillard's Medical Journal*, January 13th, 1883, there is an article by J. Marion Sims, copied from the *Brit. Med. Journal*, strongly advocating the importance of enlarging the external wound in all cases, whether shot or punctured, and searching for injured bowel and suturing lesions, and permit me to copy the following quotations from Dr. Sims, giving the opinions of some eminent surgeons on this subject. Otis says of shot-wounds of the small intestines of any magnitude, "the pathological evidence of recoveries achieved by the unaided efforts of nature, even through the establishment of a preternatural anus, is limited to very few instances, of which none are absoluely unequivocal. Therefore, in wounds of the viscus unattended by protrusion, when there is danger of extravasation, the external wound should be enlaiged and the wound in the intestine closed by suture."

Dr. J. S. Billings says, in a letter to Otis: "In regard to penetrating wounds of the abdomen where there is reason to suspect intestinal injury, it appears to me to be proper to enlarge the opening, if necessary, to ascertain the nature and amount of injury, to remove foreign bodies and extravasated matter, to employ sutures or ligatures where needed and to cut these short and return the injured viscera. Especial care should be taken to prevent even the smallest particle of fæcal matter from escaping into the peritoneal cavity and to remove such as may escape."

Professor Hunter McGuire expresses himself thus: "Penetrating wounds of the belly are nearly