

Laparotomy was performed, the seven intestinal perforations were found and sutured, and then, as blood was seen to be escaping from between the stomach and transverse colon, the gastro-colic omentum was opened, and a wound of the pancreas at the junction of the head and body was discovered; two deep sutures were introduced and stopped the bleeding, and drainage was provided. The patient was cured in five weeks.

The use of thick catgut sutures will be required to close these wounds and arrest hæmorrhage, and as far as possible the peritoneum should be closed over the wounded spot. In all instances the wound should be drained, the line selected being that through the gastro-colic omentum, another opening being made there, even if the gastro-hepatic omentum has been chosen to give access to the wound.¹

Wounds of the kidney are indicated by hæmaturia, escape of urine from the wound, symptoms of internal hæmorrhage, pain in the loin, possible renal colic, and the formation of a swelling in the region of the kidney. The prognosis will be much worse—it is already serious—if there is any intraperitoneal complication. It follows, therefore, that wounds inflicted from the front are the most dangerous. In any case, if there is reason to think that a vessel of this organ is bleeding, it will be best to explore through a lumbar incision, clear away extravasated blood, and pack with gauze. Any wound involving the renal pelvis and permitting of escape of urine may require secondary interference on account of septic infection: free drainage will then be necessary. Should it be evident that an important vessel has been divided, or that it is unsafe to trust to plugging, then a primary resection is required. Nephrectomy may be necessary if secondary hæmorrhage occurs during the after-treatment. Removal through a lumbar incision is to be done when there is no strong indication in favour of the abdominal route.

Hernia of the kidney through a wound in the loin is a rare effect of injury, and is rarely complete. Nephrectomy is most commonly required, but if the injury to the kidney is limited to the body of the organ and does not involve the vessels of the hilum, much can be done by cleansing, drainage, and appropriate suturing of the wound after it has been returned to its bed.

¹ See "Rupture of Pancreas," p. 52.