

scleral wound may be necessary, even at the expense sometimes of enlarging the aperture somewhat; but when every possible precaution has been taken with this class of wounds, most of them will go wrong in one of two ways—either an acute suppurative panophthalmitis will speedily extinguish the flickering ray of hope, or an equally unfortunate termination will occur through the slower but more insidious and dangerous ravages of a chronic iridocyclitis, leaving a shrunken and sensitive eyeball, with a choice between sympathetic ophthalmia or some preventive operation which at best may leave a maimed and sightless eyeball.

A CASE OF PENETRATING WOUND OF THE ABDOMEN, WITH PROTRUSION OF THE OMENTUM.

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The following case is of interest, as showing how a penetrating wound of the abdomen, with no wound of the intestines, may proceed to a favorable termination, without either local or general reaction:—

George H., aged 11, a small-sized but healthy-looking boy, was admitted into the General Hospital, July 6th, 1888, suffering from a penetrating wound of the abdomen. The boy states that some hours previously, while attending to his duties in a file factory, he accidentally fell forward on some files which were standing upright in a shallow vessel half filled with lime-water. He says the sharp end of one of the files penetrated his abdomen to a distance of four inches, being prevented from going further by the side of the vessel in which it was standing. On recovering himself, he found the file sticking into his abdomen. He withdrew it slowly, and following the file came what he thought was bowel, which had become attached to the roughened surface of the file. A local practitioner was called and endeavored ineffectually to reduce the parts protruded. The ambulance was then sent for and brought him to hospital. On his arrival at the hospital I was called, and found the boy in very good con-