

tion or wiping, as may be deemed best in a given case. If, in a given case, I believed the liver injured I should make an exploratory incision, and try, by thorough cleansing and drainage with gauze, to prevent death from peritonitis. In a given case it may be necessary to tie the internal mammary artery. May have to remove a costal cartilage to expose it sufficiently. An intercostal artery may have to be tied; may have to remove a portion of a rib to reach bleeding spot clearly. In regard to whether an attempt should be made to remove a bullet or other foreign body from a chest wound, I consider every case a law unto itself. Can do so easily in many cases, can not in others, and persistent efforts to do so may cause death when patient otherwise would have recovered.

After a gun shot wound of the chest a patient must be kept absolutely quiet and on a light diet at first. Am a firm believer in persistent irrigation with a hot solution. Consider that firm packing of the wound track with gauze tends to prevent hemorrhage, also to assist the tissues to heal solidly and soundly from within outward. Many of these cases will die when we least expect such a result. Fortunately, on the other hand, patients frequently surprise us by rallying from seemingly hopeless, desperate conditions, and regaining their usual health and strength.—*Kansas Medical Index-Lancet.*