

of morphine before my arrival. The pulse was 110 and the temperature 100. The abdomen was markedly distended and the face anxious. I decided on laparotomy at once, and ordered one-quarter of a grain more of morphine, while the preparations were being made. It was more than an hour before the patient was prepared and my assistants ready. Dr. J. N. E. Brown administered ether, and during the first stage of anesthesia the patient vomited a pint of blood clots and food. I made my incision four inches in length in the median line above the umbilicus and over the track made by the second bullet through which the probe had passed.

On opening the peritoneum there was a sudden escape of gas, leading Dr. Bingham, who assisted me, to suspect that my knife had wounded a knuckle of intestine. On careful search this was disproven.

The transverse colon was pushed down and the stomach brought up in the wound, and after a short search a perforation of its anterior wall was found, this I close with nine Lembert sutures of fine silk, and continued the search for a wound of exit. After going carefully over the stomach and neighboring organs and finding no other wound, the peritoneum, in easy reach, was cleansed with sponges wrung out of hot sterilized water, and the abdominal wound closed with deep silk worm gut sutures, including all the tissues. A strip of iodoform gauze was passed down the bullet track and brought out between the sutures. Iodoform was dusted over line of wound and iodoform gauze, sterilized gauze and cotton wool completed the dressing, which was held in place with a cotton binder.

The first bullet near the iliac spine was now removed through a small incision and its track lightly packed with a narrow strip of iodoform gauze. I then ordered a search to be made in the vomited matter for the second bullet, but unfortunately it could not be found, and I am still in doubt as to its whereabouts.

Patient recovered from anæsthetic nicely, but complained of little pain all over abdomen.

The next day, January 11th, was given nothing but hot water in 5 doses per mouth, had several attacks of vomiting.

On following day, January 12th, was given an ounce of beef tea per mouth, and the mouth was frequently washed out with ice water, feeding by nutrient enema was commenced and there was no more vomiting. Patient still complained of tenderness over the abdomen.

The dressing was changed and short pieces of gauze inserted in bullet tracks.

From the 12th until the 15th patient was fed on nutrient enema, and steadily improved.