

SURGERY.

IN CHARGE OF

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GUNSHOT WOUND OF ABDOMEN—NINE PERFORATIONS OF SMALL INTESTINE, ONE OF RECTUM, THREE OF BLADDER—LAPAROTOMY—RECOVERY.

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On June 24, 1898, patient, J. L., was brought to the hospital by the ambulance, about thirty-five minutes after receiving a gunshot wound of the abdomen. The patient, boy, aged nine years, was submitted to the writer for examination and treatment. Inspection of patient showed wound of entrance of single bullet, 32 calibre, about one-half inch to left of centre of anus; wound of exit in abdominal wall, one inch to right of umbilicus, the omentum protruding and lying upon the surface of the abdomen.

Under chloroform anesthesia, abdominal section was done. The bullet was found to have passed through the rectum and neck of bladder, striking the pubis; it was then deflected upward and forward, slitting the anterior wall of bladder, passing into the bladder and out again near the summit, perforating the small intestine nine times in progress outward.

The intestinal wounds were rapidly closed by the Lembert suture with as little manipulation as possible. Only moderate fecal extravasation took place. The wound in the posterior wall of the bladder was tightly closed with small silk sutures, as was also the wound in anterior wall. The latter wound, because of its low situation and the puerile pelvis, was sutured with difficulty. The wounds of rectum and of neck of bladder were entirely inaccessible, and were therefore left open. The writer then decided, in order to obviate infection of general peritoneal cavity from these unsutured lesions, to close incision of operation and fix the bladder to abdominal wall at inferior angle of abdominal incision; this was done, completely closing the peritoneal cavity against infection from the two wounds mentioned. A small perforated glass drainage tube was left in the suprapubic wound in front and to the right of the bladder, its