REPORT OF GUNSHOT WOUND OF ABDOMEN, WITH PERITONITIS AND OBSTRUCTION: ENTEROSTOMY—RELIEF.

By CAPT. C. E. THOMAS.

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GUNNER E., I.L.H., received a penetrating gunshot wound of abdomen immediately above bladder and slightly to the left of middle line, on March 22. He trekked fourteen miles next day in an ambulance waggon to Klerksdorp Hospital, where he was admitted with peritonitis, which increased in severity until the 25th, when his condition was very low and fecal vomiting frequent.

He was anesthetised, and with a view to doing an enterostomy I made a curved incision 3 inches long in the right iliac region. On opening the peritoneal cavity turbid fluid escaped, and coils of collapsed gut presented in the wound, with the exception of a small knuckle of distended gut deep down at the upper angle of the wound. This was stitched to the abdominal wall in the usual way, no attempt being made at the time to find the cause of obstruction or to wash out the peritoneum. On opening the gut only flatus escaped. Four hours after the operation I poured 1½ pints of hot water into his stomach, which was immediately ejected with the esophageal tube, which the patient could not retain. I repeated the procedure three times at intervals of five minutes, the last ejectment from the stomach being comparatively free from fecal matter. At the same time, as nothing had passed through the artificial anus, I injected into it 1 drachm of glycerine, which was quickly followed by a copious soft motion. No recurrence of vomiting occurred, and the patient had very little pain. For a week after the operation the temperature remained normal, and by that time he was able to sit up in bed and smoke, and take a liberal diet, and motions passed by the natural orifice as well as by the artificial anus.

Beyond the formation later of a small local abscess in the tissues at the site of operation he had an uninterrupted convalescence, and is now anticipating the second operation, which will be necessary as soon as local conditions will permit.

THROMBOSIS OF THE INFERIOR VENA CAVA FOLLOWING ENTERIC FEVER: RECOVERY, WITH ESTABLISHMENT OF THE COLLATERAL CIRCULATION.

By CIVIL SURG. I. MACKAY HUEY, M.B.

The rarity with which recovery follows thrombosis in the inferior vena cava marks the following case as one worthy of recording. Several cases of thrombosis in the inferior vena cava are reported, but accord-
ing to Keen,* only one case of recovery is recorded by Mackintosh,† of Glasgow, in which the collateral circulation was fully established.

The present case came under notice in June, 1903, one year after an attack of enteric. He was then under examination by a Board of Officers for an extension of his pension, having contracted the fever while on active service in South Africa. The President of the Board, Lieut.-Col. Corker, suggested having a photograph taken and asked me to obtain a few notes on the case for publication.

Lieut. M., aged 28, contracted enteric towards the end of the late war after serving throughout the campaign in a Colonial Corps, and was admitted to Hospital, therefore, at Boshof on April 5, 1902. From the temperature chart the course of the disease seems to have been marked by no untoward symptom. The patient, however, states that the medical officers informed him they had grave fears of his pulling through. His highest temperature recorded is $104^\circ$ on the third day; it was normal for three days on April 19 to 21, and rose to $102^\circ$ for four days following, but remained normal afterwards.

* "Surgical Complications and Sequels of Enteric Fever," 1898.
† In Glasgow Medical Journal, 1892, vol. xxviii., 54.
Patient is not certain as to the exact dates, but believes that his right leg became swollen about the end of May, that is, in the fifth week of his illness, and the left one two or three days later. The swelling was accompanied with pain and discoloration. Amputation of the left leg was at one time thought necessary (about three weeks after the onset of the complication), but the patient's weakness prevented interference, and on the following day the limb showed slight signs of improvement; it was then noticed that the abdominal veins were slightly enlarged and the increase was followed by lessening of the swelling in the legs and disappearance of the discoloration. The improvement continued up to his discharge on sick leave at the end of July, 1902. He was then able to get about on crutches.

Present Condition.—Patient looks healthy and is of good physique, his family history is good, and previous health excellent. On examination both legs are found swollen and oedematous; the small superficial veins round the ankles appear as dark arborescent markings under the skin. There is no marked varicosity in the veins of the legs. The epigastric veins are greatly enlarged and tortuous, and distinctly outlined as far as the chest, where they branch off and appear to anastomose with the mammary; the circumflex iliac is greatly enlarged on the right side as seen in the accompanying photograph. On the left side the enlargement is not so great, but varicocele is noticeable. Haemorrhoids have developed and cause much annoyance. Patient suffers considerable pain on walking any distance or on standing. The heart sounds are pure though somewhat weak and rapid—92 per minute.

From the swelling appearing in the right leg a few days prior to the left it is possible the thrombosis originated in the right common iliac and extended into the vena cava. It is also possible that the thrombosis originated independently in both common iliacs. This latter condition would also give rise to the symmetrical establishment of the collateral circulation which appears fully established on both sides through the epigastrics, circumflex iliacs and haemorrhoidals, with the mammary, ilio lumbar and inferior mesenteric.

DISEASE OF THE ARM AND HAND IN A NATIVE.

BY MAJOR A. PEARSE.

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This case was shown before the Medico-Chirurgical Society of Sierra Leone in August last, and gave rise to much discussion, though no definite diagnosis was arrived at by the meeting. The general opinion of the members present was in favour of its being a case of mycetoma.