CASE OF A GUNSHOT WOUND OF STOMACH AND DUODENUM WITH RECOVERY.

By Captain W. J. C. CRISP,
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PRIVATE C., age 27, was accidentally shot by a bullet from a .45 Service revolver at a distance of 4 feet on December 23, 1942, at 6:55 a.m. and admitted to a Field Hospital at 8 a.m.

When examined he was in great pain and had vomited black fluid several times. The bullet entrance wound was 3 inches above the umbilicus. There was no exit wound and the bullet was felt under the skin of the back to the left of the 4th lumbar vertebra. There was marked rigidity and tenderness of the abdomen. B.P. 100 systolic. Pulse 100. Respiration shallow and costal. A pre-operative diagnosis of perforating wound of the stomach was made. He was given morphia gr. ½ and atropine gr. 1/100 and preparations made for immediate operation.

At 9.45 a.m. operation was commenced. The abdomen was opened by a left paramedian incision and the entrance wound excised. Blood gushed out and this was seen to arise from a wound of the mesentery of the small intestine. Bleeding which was coming from a large mesenteric vein was stopped by grasping the root of the mesentery between the fingers. The vein was ligated and blood cleaned out of the peritoneal cavity. The bullet, which had perforated (1) the stomach close to the greater curvature; (2) the transverse mesocolon; (3) the root of the mesentery of the small intestine; and (4) the third part of the duodenum close to the duodeno-jejunal junction, had finally left the abdominal cavity by piercing the posterior peritoneum close to the left ureter 1 inch to the left of the body of the 4th lumbar vertebra where it had remained. The duodenum and upper 2 feet of the jejunum were dilated and their walls engorged with blood. The duodenal perforations were sewn up in two layers and the holes in the mesocolon and mesentery of the small intestine closed. The anterior hole in the stomach was sewn in two layers after trimming the edges. The posterior hole in the stomach was approached by incising the gastro-colic omentum and then sutured. The abdomen was closed without drainage. During the operation the B.P. fell to 70 mm. systolic and two pints of serum were given and later one pint of blood.

After operation the patient was put in Fowler's position, and continuous intravenous drip saline was given for five days. A duodenal tube was passed nasally to keep the duodenum and stomach empty. This was kept in situ for three days and fluid was withdrawn every half hour. M & B 693, ½ gm., three times a day, was given. Twelve hours after operation the B.P. was 115 systolic. Except for a rigor after saline intravenously he made an uninterrupted recovery and should be fit for service in three months' time. The bullet was removed under local anesthesia fourteen
days after operation; it was found to be a .45 soft lead type and had evidently hit the left side of the lower border of the 3rd lumbar vertebra.

Comment.—Gunshot wound of the stomach and duodenum is usually fatal from shock and haemorrhage or, later, from duodenal fistula. This man's recovery may be attributed to: (1) Operation being performed within six hours of the injury. (2) Nothing having been given by mouth for five days and continuous saline given intravenously for the same period. (3) The duodenum being kept empty by continuous aspiration. Thus paralytic ileus and duodenal fistula were not encouraged.

I should like to thank Lieutenant-Colonel J. W. Eames, R.A.M.C., for permission to publish this case.

METHOD OF HEATING A SOYER STOVE BY OIL AND WATER FLASH PAN.

By Lieutenant-Colonel J. L. WARNER,
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The following method has been devised by Lieutenant F. O. Moore, R.A.M.C., and is in use in this unit.

Two seven-pound jam-tins are fixed together with a piece of scrap metal and a D section of the lid of each is left in position. Into a hole in the bottom of each a piece of $\frac{1}{8}$ inch bore brass tubing $1\frac{1}{2}$ inch long is soldered.