precaution the cavum is thoroughly cleansed with Lister's strong solution, a precaution which contributes materially to the ultimate success of the operation. Transient vertigo occurs in a small proportion of cases, but septic absorption has never been reported.

These 50 cases are almost equally divided amongst the sexes, but nothing can be deduced from that fact, as the proportion of otorrhoeas in the sexes is fairly equal. As to cure, no less than 42 were cured, although three had temporary relapses and in several of the remaining eight the patients disappeared before a cure was effected and some may now be well if all are not. Improvement was noted in the hearing power in 21 cases. In three cases hearing returned to normal, in four cases it was very much improved, and in the remaining 14 the improvement was sufficient to be appreciated by the patients and their friends and was demonstrated as well by careful tests. The right ear was the seat of disease in 29 cases and the left in 21 cases. The average age of the patient was 22.4 years and the average duration of the disease was 13 years. From this table can be derived information on all points save as to the time that should be allowed to pass before taking some radical step to check the disease, and the surgeon must rely upon his own judgment in this matter rather than upon any written rule.

Harley-street, W.

A CASE OF GUNSHOT WOUND OF THE ABDOMEN WITH INJURY TO THE INTESTINE;

RECOVERY WITHOUT OPERATION.

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THE patient, a well-built man, aged 31 years, was shot by a Mauser bullet in the engagement at Elandslaagte on Oct. 21st, 1899. The shot was fired from a distance of about 200 yards. The patient at the time was advancing in the direction of the enemy at a "double" when he felt a burning sensation in the right hypochondriac region which a minute later grew into a severe griping pain. Becoming immediately faint, though without loss of consciousness, he fell and at once vomited about half a pint of nearly pure blood. The pain, which became still more severe, was confined to a small roughly circular area three inches in diameter with its centre over the inner extremity of the ninth right rib in front. The patient lay on the ground for about 20 minutes, during which time there was considerable hæmorrhage from the wounds. He was then dressed by a comrade, the dressing consisting of a puttee unwound from the patient's leg and which had been worn for several days and through heavy marching. This rude dressing was placed in immediate contact with the wounds and was wound several times round the body, nor was it disturbed for four days. After this first dressing the patient lay on the field for five or six hours and was then carried sitting in a chair to a farmhouse where he remained in a sitting posture for two days, when he was removed by train to the field hospital at Ladysmith. Here on Oct. 25th the first dressing, which was soaked through with blood (now dry), was replaced by one of cyanide gauze. The patient remained at Ladysmith for eight days, during which time he was kept on liquid diet; he was then removed to Pietermaritzburg where the wounds were dressed for the third time. From Pietermaritzburg, after a week, he was removed here. Ten days after the injury he was given solid food (meat and vegetables). There was never any universal abdominal pain nor was there any distension of the abdomen. The patient did not micturate for 18 hours after the injury and he stated that his urine then was dark in colour; it was not ascertained whether it contained blood. The bowels were not opened for two days and the patient stated that the motions contained much blood. He had not taken medicine.

On Nov. 17th the patient was up and about and in his usual health. Over the inner end of the ninth rib on the right side in front and half an inch outside the nipple line was a regular-shaped oval scar with a long diameter for one-third of an inch, indicating the point of entrance of the bullet. There was a similar scar, identical in size and

shape, situated half an inch above the right iliac crest behind and four inches to the right of the vertebral spine. The wounds had healed without suppuration and there was no thickening about them. The abdominal respiratory movements were free. The liver dulness, which commenced at the sixth rib, extended to the costal margin, and the edge of the liver could just be felt below the ribs on deep inspiration. The entrance wound above described was half an inch above the lower limit of the liver dulness. There was no abdominal tenderness or induration and no dulness in the flanks.

There can be no doubt that the bullet penetrated the peritoneal cavity, possibly perforating the liver and, I think, certainly penetrating some part of the alimentary canal, either the pyloric end of the stomach or the ascending colon. It is impossible to join the points of entrance and exit of the bullet by a right line which does not also pass through the peritoneal cavity. In itself, of course, this affords no proof that the bullet must have penetrated the peritoneum, since it is well known that by impact with a bone bullets sometimes deviate considerably from their course and occasionally even pass a considerable distance round the body beneath the skin before again emerging. In such cases also a hard cord can often be felt following the track of the bullet beneath the skin from its point of entrance to that of its exit. No such hard cord was present in this case 18 days after the injury when he was first seen by me. But the fact that the injury was immediately followed by hæmatemesis and shortly also by melæna is sufficient to prove that the intestine was injured and in all probability perforated. I do not think that the kidney was injured, and the dark colour of the urine which has been referred to was probably due to concentration and not to admixture of blood (the patient was suffering from shock at the time).

The case is of importance from the point of view of treatment, for we are taught that cases of gunshot wounds of the intestine should be submitted to immediate laparotomy without waiting for symptoms to develop. That is to say, in war time such cases would require to be operated upon at the field hospital, which is stationed near the fighting line and moves with it, and where the conditions for performing so serious an operation as a laparotomy for intestinal suture are by no means good.

Here, then, we have a case where the risks of peritonitis would seem to have been of the greatest, for the peritoneal cavity was in direct continuity both with the exterior of the body by a wound covered with a dressing hardly likely to be sterile or antiseptic and also with the interior of the gut, and yet peritonitis did not supervene and the patient made an uninterrupted recovery.

From observations made upon a single case one would not, of course, propose to draw general conclusions. Nevertheless the statement that all perforated wounds of the intestine must be dealt with by an immediate laparotomy would appear to be somewhat too rigid and to require modifying.

Wynberg.

CARDIFF SEAMEN'S HOSPITAL.—The net proceeds of the bazaar recently held in aid of this institution were £4276.

CORNGREAVES HALL RETREAT.—This retreat for inebriate women of any religious denomination voluntarily submitting themselves to the treatment and regulations of the institution is in Staffordshire, between Halesowen and Old Hill. The nearest railway station is Old Hill on the Great Western Railway, distant a mile and a half. Cradley and Halesowen stations are also convenient. The retreat is managed by a committee of ten ladies and nine gentlemen, all of whom are members of the Worcester Diocesan Church of England Temperance Society. Applications for admission may be made to the lady superintendent, Corngreaves Hall, Cradley Heath, or to the secretary of the Worcester Diocesan Church of England Temperance Society, Temperance Institute, Corporation-street, Birmingham, or to the honorary secretary of the Retreat, Mr. J. H. Broscob, 571, Moseley-road, Birmingham. No person will be admitted for less than 12 months except under special resolution of the committee, and patients are strongly advised to enter for two years. Patients under special circumstances may have their children under the age of 12 months with them. The terms are £1 1s., or 10s. 6d., or 5s. per week according to class of patient. The age limit is from 20 to 45 years.