

PICKETT. (M.)

pistol-shot wound of the
Abdomen — Recovery.



Buffalo.
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PISTOL-SHOT WOUND OF THE ABDOMEN.--RECOVERY.

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On the afternoon of September 26th, 1885, W. H., age thirteen went chestnutting with a number of his companions. On seeing a squirrel, he excitedly took a pistol from his pantaloons pocket, and by so doing it was accidentally discharged. After receiving the wound, he was carried to his home, a distance of over a mile. I was hastily summoned, as was also Dr. Elston. On our arrival I was directed to take charge of the boy, and after putting him under the influence of chloroform, found him in the following condition:

The ball (a thirty-two calibre, from a self-cocking revolver,) entered the Abdominal Wall on the right side, three inches above the Anterior Superior Spinous Process of the Ilium. By probing, it was found that the ball passed obliquely downward, and apparently entered the abdomen. Cognizant of the advancement and success of abdominal surgery in recent years, I resolved that when an opportunity presented itself, that I should not hesitate to open the abdomen and repair damage done. In this case I proposed to make an incision, and if the bullet could not be extracted, to establish an outlet for the escape of pus, which, had it formed in a sack or pocket, would have resulted in peritonitis. As this was the first operation of the kind ever performed here, and to avoid criticism if it had proved fatal, Dr. Bonsteel was called in and coincided with us in our plan of procedure. After passing the probe along the track of the ball, a distance of four or five inches, and leaving it there, an incision was made in the median line which extended to the upper portion of the pubes. By cutting down to the peritoneum the end of the probe was reached. It was removed and again inserted in the track of the ball from the opening now made. It was discovered that the ball, instead of entering the abdomen, struck the sharp edge of the pubic bone and glanced off into the left buttocks. Thinking that further efforts to extract the ball were unnecessary, and as the patient was given the benefit of the doubt, the two chief objects of the operation were accomplished:

First, that it was ascertained that none of the abdominal organs were injured.

Second, that the dangers of peritonitis had been greatly avoided.

Passing a tent of carbolized cotton cloth in the track of the ball, freed it of all irritating substances. A tent of the same material was inserted and left protruding from the entrance of the ball above, and from the lower end of the incision so that it could be moved freely, if necessary. The incision was closed with silver Sutures, and Iodoform dressing applied. The patient regained consciousness very soon, and as he complained of some pain I ordered three grains of Dover's powders to be taken every three or four hours, if necessary. From this on he made a very speedy recovery; his temperature not exceeding 101°. On the third day the tent was removed. The incision made healed by first intention. The bullet wound rapidly healed with very little suppuration; not over a half ounce of pus was discharged. On the tenth day I did not consider it necessary to continue my visits. At the present time he does not know but that the ball was extracted.

