



MILBURN HOUSE AND ITS OWNER.

HOW SURGEON'S KNIFE WAS USED ON WOUNDED CHIEF MAGISTRATE

Buffalo, N. Y., September 8.—The operation performed at the Emergency hospital left no need for a second operation to follow it almost immediately. The full details of the operation heretofore have not been known. It was performed by Dr. Matthew D. Mann. His first assistant was Dr. Herman Mynter. His second assistant was Dr. John Parmenter. His third assistant was Dr. Lee, of St. Louis, who happened to be on the exposition grounds at the time of the tragedy and placed his service at the disposal of the president. Dr. Nelson W. Wilson noted the time of the operation and took the notes. Dr. Eugeno Wasdin, of the marine hospital, gave the anaesthetic. Dr. Rixey arrived at the latter part of the operation and held the light. Dr. Park arrived at the close of the operation. It was Dr. Mann who wielded the knife.

The operation lasted almost an hour. A cut about five inches long was made. It was found necessary to turn up the stomach of the president in order to trace the course of the bullet. The bullet's opening in the front wall of the

stomach was small, and it was carefully closed with sutures, after which a search was made for the hole in the back wall of the stomach. This hole, where the bullet went out of the stomach, was larger than the hole in the front wall of the stomach—in fact, it was a wound over an inch in diameter, jagged and ragged. It was sewed up in three layers. This wound was larger than the wound where the bullet entered the stomach because the bullet in its course forced tissues through ahead of it.

In turning up the stomach—an act that was absolutely necessary and was performed by Dr. Mann with rare skill—the danger was that some of the contents of the stomach might go into the abdominal cavity and as a result cause peritonitis. It so happened that there was very little in the president's stomach at the time of the operation. Moreover, subsequent developments tend to show that this feature of the operation was grandly successful and that none of the contents of the stomach entered the abdominal cavity. If any of the contents had entered the cavity, the probability is, that before now peritonitis would have set in.

In this connection it is of interest that

some experienced surgeons do not mind the temperature at all in noting the bulletins of the president's condition, but say that so long as the pulse is in the proper relation to the temperature in a big operation like this it is very common for the temperature to remain around 102, or even 103. But if the temperature had dropped and the pulse had accelerated, it would have been a danger signal of peritonitis setting in. It is of interest also to know that after an operation of this kind the peristaltic or compressive action in the abdominal cavity ceases or becomes retrograde. After the operation, as soon as the patient passes any gas through the rectum, it is a sign that peristaltic action has recommenced normally and that the danger of peritonitis was practically over. After an operation such as was performed on the president the surgeons wish to know at once when gas is passed, for they take it then that the patient is comparatively safe from peritonitis. The point of importance in connection with these facts is that the president passed gas and later there was a further movement. Coupling this fact with the bulletins issued by the surgeons, the basis of hope seems stronger.