

abraded his left shin. Under ordinary treatment the wounds so caused almost entirely healed. On the twenty-first day after the accident, while going up stairs, he fainted and fell, without suffering any apparent injury. Three days later he had a rigor, followed by well-marked signs of simple pleurisy on the right side, the diagnosis being confirmed by Dr. Walshe, who saw him whilst suffering from the attack. On the thirtieth day after the accident, he fell down while dressing, and died.

The autopsy was made forty-eight hours after death. There was most extensive decomposition of the head, neck, and upper extremities, the superficial veins being much discoloured. There was no great decomposition of the body externally below the level of the diaphragm. All the organs were healthy, but very much decomposed. The blood throughout the body, with the exceptions noticed below, was fluid. Coiled up in the apex of the right ventricle were three moulded clots, one showing most beautifully the impression of vein-valves. Two of these clots exceeded $7\frac{1}{4}$ in. in length each. Only one very small clot, soft and recent, was found in a branch of the pulmonary artery. The subclavian, jugular, iliac, and femoral veins, and the vena cava were carefully examined. The left internal saphena was removed from two inches below the original wound to its entrance into the femoral, and the latter itself to below the popliteal vein. On slitting up the saphena, the coats of the vein below the region of the wound were found to be perfectly normal, semi-transparent, and drying rapidly on exposure to the air. Nearer the wound its coats cut more rottenly, and where the smaller veins from the wound entered it, it was dilated. From this point upwards, its internal coat, as well as that of the veins from the wound, and of those dipping down to the deeper vessels, was intensely red, more than bloodstained, swollen, and moist, even after long exposure to the air. The same was the case with the femoral and popliteal veins; the coats of the latter were greatly swollen, and injected a dark, black-currant colour; and in the popliteal vein itself lay the debris of a clot, non-adherent to the vessel-wall, and extending for more than three inches from above to below a pair of valves, the same, in all probability, which had left their impression on the clot in the right ventricle.

The heart-clots, together with the veins engaged in the morbid process, are preserved in the Museum of St. Mary's Hospital.

Remarks.—It is impossible to add much to the simple interest of this case. The very slight injury to the leg; the consequent thrombosis occurring in the vessels running from the wound, unaccompanied by obstruction, œdema, or pain in the limb; the dislodgment of the clots and of portions of them; the fainting-fit, due either to pulmonary embolism, of which, however, no sign was found, or to the presence only in the ventricle of a clot or clots; the pleurisy, also probably embolic; the sudden death, due to the thrombi in the heart: such was the succession of events. The first seat of the *original* thrombus must remain a matter of speculation. One of the clots removed from the heart shows, by its concentrically deposited layers at one end, that it is a *prolonged* thrombus, much increased in size since it commenced to travel; and the marked signs of morbid action throughout the course of the saphena, popliteal, and femoral veins, make the original starting-point more doubtful still. Most noteworthy is the agreement of the valve-impressed thrombus in the heart with the position of the less firm clot found in the vessel.

Seymour-street, Portman-square, W.

CASE OF DISLOCATION OF THE FIRST METATARSAL BONE.

By J. W. TROTTER,

REGIMENTAL HOSPITAL, COLDSTREAM GUARDS.

I WAS called to see Private F. L.—, two years' service, aged twenty-two years, 2nd battalion Coldstream Guards, having just injured his foot while being practised in the Military Gymnasium. I found him complaining of severe pain in his right foot, and on examination detected a considerable prominence over the internal cuneiform bone,

caused by the base of the first metatarsal being tilted on to its upper surface. The bone was readily reduced by traction with manipulation.

The injury was caused by his falling, when about twelve feet from the ground, while scaling a wall, his weight being received on his right foot, the toes at the same time being bent backwards.

I think the case worthy of record, as such an accident to one metatarsal bone appears exceedingly rare, as well as for the ease with which reduction was effected; the latter, I take it, depending on the early period the man was brought under treatment. Three hours after the accident the whole of the upper part of the foot was much swollen, so that it would have been somewhat difficult to recognise the nature of the accident, and still more so to effect reduction.

A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

GUNSHOT FRACTURE OF THE SKULL; TREPHINING, AND REMOVAL OF MANY LARGE PIECES OF BONE AND THE BULLET; RECOVERY.

(Under the care of Mr. GEORGE LAWSON.)

FOR the notes of the following case we are indebted to Mr. H. H. Smith, who was at the time the house-surgeon.

On the 21st March, 1874, a young healthy-looking man, aged twenty, determined to commit suicide; and for this purpose he bought a piece of iron gas-pipe and some pistol cartridges, and then, with great perseverance, constructed during the night the machine with which he intended to shoot himself in the morning. To one end of the portion of gas-pipe, which was six inches long and half an inch in diameter, he screwed on what is technically known as a "junction," one inch long—that is, a rim of iron fitted with a screw at each end, for the purpose of uniting two portions of iron pipe. Into the open end of this junction he fitted a boxwood plug, but, finding that the plug was not sufficiently tight for the breech of his gun, he soaked the whole apparatus for some hours in water to swell the wood, whilst he smoked his pipe and wrote to his friends. In his letters he expressed his regret for the act which he was about to commit, and assigned as his reasons for doing it his inability to face the difficulties before him and his love for some girl. He described his feelings whilst sitting up during the night waiting for the wood to swell, and mentioned the number of pipes he smoked. The wood having been sufficiently soaked, he next filed a touchhole through the iron junction, and then, as if doubting the strength of the breech of his gun, he lashed the wooden plug with many turns of string to the barrel. His work being now completed, he loaded his gun with powder and bullet from the cartridges, placed the breech of his gun against the wall or the table, whilst his forehead rested against the mouth, and with a match fired it.

On the morning of March 22nd, about 11.30, he was brought into the Middlesex Hospital suffering from the effects of the gunshot wound. He was quite insensible, and his face was covered with blood, which proceeded from a star-shaped wound in the forehead just above the nose. The wound and the surrounding skin were blackened with powder, and both tables of the skull were visibly extensively comminuted. There was a jagged, irregular opening in the external table of the skull, through which the finger could be easily passed, when it came upon a mass of comminuted bone of the internal table, which was pressing upon the membranes of the brain. His extremities were cold, and his pulse slow; there was no paralysis, and the pupils acted; there was no strabismus.

At 1 o'clock the patient was taken into the theatre, and Mr. Lawson proceeded to examine the wound and remove