the slightly enlarged punctured wound. The wounds were dusted with iodoform, and the chest enveloped in sal alembroth wool, secured by a flannel binder.

The patient was removed to Pepys ward at 10.30. An enema of two ounces of beef-tea and one ounce of brandy was administered, and repeated with half an ounce of brandy every hour. — Midnight: Dressings and binder soaked through; removed, and fresh dressing applied. A considerable amount of stomach contents (food *débris*) had been ejected on to the dressings through the tube in the chest wound. — 4.30 A.M.: Patient very cold, pale, extremely restless, and complaining of great pain in abdomen; very frequent and painful hiccough; dressings soaked through, and again changed. Respirations 30; pulse small and frequent. — 9.30 A.M.: Patient still very restless; pulse small and almost inappreciable at the wrist; lips and nails bluish; complains much of thirst; mouth has been kept moist with cold water.

The patient gradually became more and more cyanosed, the pulse became extremely weak and quite inappreciable at the wrist, and he eventually died at 11.15 A.M., apparently from slow asphyxiation.

Necropsy, twenty-seven hours after death. — Rigidity present and extremely well marked, the thigh muscles especially standing out, so that one could make out their shape and direction. There was considerable greenish discolouration of the abdominal wall. An inch and a half vertically below the left nipple was a gaping incised wound, running in a horizontal direction; it was an inch and a quarter in length. An incision six inches in length had been made in the left hypochondriac and umbilical regions. The upper end of this cut was three inches to the left, and two inches and a half above the level of the tip of the xiphoid cartilage. The lower end extended one inch below the level of the umbilicus. It was closed by six deep and five intermediate superficial sutures. On dividing these, the edges of the wound were ununited, and gaped freely. The abdomen being opened, the left leaf of the diaphragm was felt to hang in a flaccid condition, contrasting with the normal arch on the right side. The puncture through the chest wall, traced inwards, was found to penetrate the lower end of the anterior border of the left upper pulmonary lobe, then through the dome of the diaphragm near the junction of the muscular and the tendinous portions, and entered the stomach on the anterior surface near the greater curvature, four inches from the oesophageal opening. Portions of masticated undigested food and acid fluid gastric contents were found in both the pleural and peritoneal cavities, there being eight ounces of fluid in the left pleura and four ounces in the peritoneum. A small calcareous gland was found in the mesentery near the ileo-cæcal valve. The wound in the stomach was found to be an inch and a half long. It had been closed by thirteen fine silk sutures; there was no leak through it, and no peritonitis round its serous aspect. There was no injury to the opposite wall. The contents were some "coffee-ground" material, evidently altered blood, and about four ounces in quantity. From the interior it could be seen that the serous surfaces had been brought into contact along the whole length of the incision. The mucous membrane was congested around the edges of the wound, but was elsewhere normal. The right and left kidney each weighed four ounces and a quarter. The capsules stripped readily, leaving a smooth surface; there was a minute simple cyst in the cortex of each. The adrenals, ureters, bladder, and prostate were normal. Weight of heart nine ounces. Pericardium normal. The right cardiac cavities contained a small quantity of mixed clot; the left were empty. Muscular tissue and valves normal. Lungs: There were no pleural adhesions. The left lung was collapsed and engorged throughout, this condition being most marked near the wound above mentioned. The right lung was congested at the bases of the lobes posteriorly, but was otherwise normal. The spleen, liver, larynx, trachea, and oesophagus were normal. Brain not examined.

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.

PENETRATING GUNSHOT WOUND OF THORAX AND ABDOMEN; DEATH; NECROPSY; REMARKS.

(Under the care of Mr. NANKIVELL.)

THE following notes are by Dr. R. T. Bowden, assistant resident surgeon.

J. S.—, aged fourteen, a healthy-looking boy, was accidentally shot in the chest on Feb. 2nd. When admitted

into the hospital, about an hour afterwards, a lacerated wound was found over the fifth rib on the right side, a little internal to the nipple line. Air passed freely into and out of the wound during respiration. Considerable hæmorrhage occurred, but no frothy blood was seen; hæmoptysis was entirely absent, but it was said that the patient spat up a little blood immediately after the accident. The face was slightly dusky; breathing laboured, irregular, and entirely abdominal; pulse fairly good; chest hyper-resonant on right side, and presenting no signs of hæmothorax. There was very little collapse. Several shot were extracted from the wound, which was then dressed with eucalyptus oil and iodoform. Temperature in the evening 100°.

Feb. 3rd.—Passed a good night; very sick this morning. In the afternoon he became delirious, and four ounces of wine were ordered. Temperature at night 104.4°.

4th.—Quite conscious to-day; wound healthy; both sides slightly hyper-resonant in front, but dullness was detected behind at the right base. Temperature 100°.

5th.—Doing well this morning, but in the evening he became collapsed. Has brought up no blood since admission, but has vomited every day. Temperature 102°.

6th.—Pulse very feeble this morning, and lips a little blue; complains of pain in chest, but patient's condition prevents a thorough examination being made. Death occurred at 1.20 P.M.

Necropsy.—On opening the thorax the fifth rib was found shattered; both pleuræ, as well as the pericardium, were distended with clear serous fluid; the right lung was collapsed, and a lacerated wound large enough to admit the little finger passed through its lower lobe; there was complete consolidation extending for about an inch round the wound, but with this exception the organ seemed quite healthy; left lung collapsed, but otherwise normal; no wound of left pleura or pericardium could be detected. After leaving the lung the charge had passed through the diaphragm and entered the liver, where a considerable number of shot remained, but others had made their exit near the transverse fissure. About twenty shot were found free in the peritoneal cavity. There was a little lymph on both surfaces of the liver around the wound, but no sign of general peritonitis existed. No injury could be detected in the other abdominal organs, but there was considerable emphysema of the cellular tissue.

Remarks by Dr. BOWDEN.—Gunshot wounds of the thorax are not common in civil practice, so I have thought the above case worth recording. The entire absence of hæmoptysis and of frothy blood escaping from the wound show that we cannot always depend on getting these signs when the lung tissue has been injured; so their absence must not be taken as proof that a wound of the chest from which air escapes has merely opened the pleural cavity—a fact which military surgeons have often pointed out before. During the four days the patient lived after the accident, there was no symptom of peritonitis, with the exception of vomiting, nor, indeed, was there anything to show that the abdominal viscera had been wounded. The symptoms due to the thoracic wound were more urgent than those due to the abdominal, which is just the reverse of what has usually been observed on the battle-field. The fact that no sign of peritonitis existed, although there was a lacerated wound passing freely into the peritoneum, while a considerable number of shot were lying loose in its cavity, seems to show that prevalent ideas respecting the peritoneum require some modification.

BOOTLE BOROUGH HOSPITAL.

FRACTURE OF THE LARYNX; EMPHYSEMA OF THE NECK; LARYNGOTOMY; DEATH.

THAT a fracture of the cartilages of the larynx should be produced at football by a blow, we presume accidentally inflicted by an opponent, indicates a degree of roughness in the play which is most culpable. It requires a severe injury to produce a fracture of the larynx, and there must have been much violence used in this case. We have had cause on many occasions, too numerous to mention, to draw attention to fatal accidents resulting from careless and quite unnecessary roughness on the part of players, and it should lie in the power of someone to suspend any man using, in his opinion, undue violence. For the following summary of the case we are indebted to Mr. F. H. Barendt, house surgeon.

J. M.— was brought to the hospital on Saturday even-