After removing every particle of decay, I devote as much time to *burnishing* the bony surface as is necessary to close the mouths of the tubuli opening into the cavity. This should be done with a smooth instrument, capable of reaching every portion of exposed bone, and with sufficient strength to cause the bone to present under the instrument somewhat the feeling of *enamel*; then wipe dry, and fill *full, solid, and finish*.—*Medical Examiner*.

GUN-SHOT WOUND—CURE.

By J. E. Stewart, Jackson, Tennessee.

R. K., a farmer, aged about 45, stout and healthy, sanguine temperament, and much addicted to inebriety, and very quarrelsome while under the influence of liquor. August 19th, 1840, while intoxicated, undertook to chastise a small man, who not feeling a disposition to submit to a drubbing, shot him, with a shot gun, loaded with shot and tow wadding, the muzzle of the gun being in contact with the left side of the epigastric region. He fell, as if dead, and was conveyed home by four men in a sheet. About eight hours after the occurrence, I was called to see him. I found him somewhat stupid, face and extremities cold; pulse small, rapid, and scarcely perceptible; respiration hurried, with frequent sighing. There was evidently a state of collapse. On examination, I found a large opening in the left side, as broad as my hand and about as long; indeed it looked as if his whole side had been torn away. I immediately gave him a little of his favorite beverage, to wit, brandy and water, and ordered bottles of hot water to be applied to the axillæ and between the thighs. On a further examination, I found that the seventh and eighth ribs had been torn off from their attachments at the sternum, to within three inches of the spine; together with all their appurtenances, the pleura included—thus exposing the lungs, diaphragm, stomach and pericardium! Most of the wadding was removed, and some of the fragments of the missing ribs. I also discovered that two or more shot had passed through the left lobe of the lungs. As it was midnight when I was called, I merely wet the edges of the wound with a watery solution of opium, and applied lint; over which a light compress and bandage was applied. Remembering the aphorism of Hunter, "that those who always live above par (my patient was an epicure as well as an inebriate) are extremely liable to sink when attacked by disease or injury," I was careful not to over-stimulate him. It was rational to conclude that, as my patient was stout and robust, and his blood inflamed by the state he was in just previous to the injury, if re-action should occur, it would be in excess; and consequently, more grave. Aug. 20th, re-action has taken place to some extent; pulse 100, firmer, complains very little. Ordered boiled rice and milk diet; stimulants cautiously continued. Aug. 21st, re-action fully established; pulse 115, rather full; tongue covered with white fur;

bowels torpid. Discontinued stimulants, and gave small doses of mag. sulph. and a quarter of a grain of tart. antimony every four hours. Aug. 22d, pulse 120, full and bounding; bowels have not been moved; tongue furred; headache. R. Venesec. oz. xvj.; mag. sulph. oz. j., to be taken immediately, and tart. emet. a quarter of a grain every four or six hours; diet absolute. Aug. 23d, pulse 110, rather full; bowels patent; slight headache; complains of great soreness. R. Vensect. oz. xij. Ordered gruel for diet; treatment continued. Aug. 24th, pulse 90, soft, rather feeble; bowels costive; tongue white; edges of wound dark purple; showing a state of sphacelation, and very offensive to smell. Removed the dead parts. R. Sprinkle Peruvian bark on edges of wound; but previously wetting it with tinct. myrrh. Other treatment continued, with the addition of small portions of whiskey; diet more liberal. Sept. 5th, pulse 90; bowels patent; suppuration healthy; the dead parts having been daily removed; granulations abundant. From this time my patient gradually, but steadily recovered. And after having taken about fifty satisfactory inspections of the contents of the chest, the wound closed. He now took a cough, and complained of much pain in his side; and as the cough increased, I deemed it prudent to make a small opening in the most depending part of the wound or cicatrix. A thin sanies issued from the puncture, and the cough and pain ceased. After a month or two, the wound was again suffered to heal; but the cough and pain immediately returned, and he grew pale and lost flesh apace. The opening in the side was renewed; a viscid and straw-colored fluid issued forth. The cough and pain ceased as before, and his flesh returned. I now introduced a silver tube into the opening I had made, through which the same kind of liquid constantly drained. My patient quickly recovered his former health and strength; he also returned to his former habits of dissipation, and has had many a pugilistic contest since. In consequence of the loss of two ribs, he leans considerably to the left side.

Remarks.—This case presents several points of interest, as it stands opposed to almost all authority—which teaches that it is death for air to penetrate through the thoracic parietes. It is true that Dr. Wells, of South Carolina, and a few other bright luminaries of the present day, have shown to the contrary, and this case is positive testimony on the subject. Here was a man with almost half his left side torn off; thus admitting a free current of air not only into the pleura, but lungs and whole cavity of the chest; and yet no unpleasant consequences ensued! nor does he feel any inconvenience from the presence of the silver tube.—*Missouri Med. and Surg. Journal.*

THE STRAWBERRY LEAF—A VALUABLE AUXILIARY IN THE TREATMENT OF CHRONIC DYSENTERY.

By J. C. O. Blackburn, M.D., of Barnesville, Georgia.

BELIEVING that a discovery, however simple, which has a tendency to alleviate the sufferings of man, should be given without reserve to