empyema, with dilatation of the right thorax, there were most severe laryngeal symptoms, great emaciation, profuse expectoration of purulent matter, and confinement to bed for nearly six months; the tumour having been opened three times, and burst twice, followed by contraction of the same side. The patient continues in a very satisfactory state up to the present time. A few years ago, a child was admitted, under my care, at the Surrey Dispensary, with a fluctuating tumour higher up in the chest than in the preceding case; symptoms of pleurisy were also present. After the dyspnoea was relieved, I transferred the patient to the surgeon. A fatal termination having occurred, a post-mortem examination was made, at which I was unable to be present; but the assistant informed me that the external swelling was an abscess, which, from absorption having taken place, all but communicated with the cavity of the chest containing fluid, in consequence of pleurisy. Now, supposing that in the latter case perforation of the thorax by absorption had supervened, and the tumour had been punctured, it might have been imagined that the external abscess was the result of empyema, which a post-mortem examination would have apparently verified.

Chester-terrace, Chester-square, June, 1852.

ON AN

INTERESTING CASE OF GUN-SHOT WOUND.

By H. PARKER LAURENCE, Esq.

ASSISTANT-SURGEON SECOND BELOOCH BATTALION, SHIKARPORE,
UPPER SCINDE.

As gun-shot wounds are at all times of more or less interest, and are seldom met with in "piping times of peace," I send the following. Its principal feature is, that the wounds were inflicted by two balls fired from one musket.

On the morning of the 1st January, 1852, a private of this battalion, supposed at the time to have been unsound in mind, contrived to secure eighteen rounds of ball-cartridge with ammunition, and having furtively possessed himself of the subedar's horse, took to amusing himself by galloping about the lines, and firing his musket in all directions. On approaching the quarter guard, however, he was challenged by the sentry, a fine young man and good soldier. His challenge was replied to by a discharge from the musket, the rider galloping off immediately afterwards. This took place just before daybreak. I was quickly on the spot, as was Dr. Stocks, vaccinator in Scinde. We immediately set about examining the nature of the wounds, which were four in number, made in the lower third of the left arm; the two entering wounds were two inches or so above the elbow, one on each side of the humerus, and the exit ones directly over these, an inch higher up. About the edges of the latter were spiculæ of bone; there was considerable laceration of the soft parts, and a good deal of hæmorrhage, and the bone was evidently shattered to the extent of nearly two-thirds of its shaft. We were both of opinion that immediate amputation of the limb should be resorted to. He was accordingly put under the influence of chloroform; and whilst Dr. Stocks compressed the subclavian artery, I performed the circular operation at the upper third of the arm, about the insertion of the deltoid. There was little or no bleeding, and the brachial was the only vessel requiring the ligature. Cold-water dressings were applied, and the patient, who did not wake for good ten minutes after all was over, said he felt very comfortable. The ligature did not come away until the twenty-fifth day; no untoward symptom has appeared during the healing process. He is at present quite strong, and going about, and has the consolation of knowing that government will compensate him with a pension for the very unsatisfactory loss he has incurred whilst on duty.

Upper Scinde, February, 1852.

SIMULTANEOUS DISLOCATION OF THE HUMERI.

By GEO. YEATES HUNTER, Esq., M.R.C.S.E.

I SEND the following case, thinking it may be interesting to many of the readers of THE LANCET, because simultaneous dislocation of the humeri is a very rare occurrence, and because such an accident has recently given rise to some discussion.

I was called, on the 22nd May, between midnight and one

one o'clock in the morning, to Mr. S. M—, a builder, aged sixty-two, in robust health, and residing in — street, Margate. On reaching his house, I was informed that before going to bed he had, according to his usual custom, gone down stairs to see that all was right, and to turn off the gas from the main; for which purpose he had entered the front kitchen, and not seeing a large Turkey carpet, which had been doubled up to be beaten, and which lay in his way to the gas-meter, he had pitched over it, and had fallen with great violence on the floor upon his extended arms. Upon running down to his assistance in consequence of his moans, his wife and two sons found him lying upon the ground, bleeding from his nose, and complaining of great pain, and entire loss of motion in his arms. They gently raised him, and conveyed him to his bed-room, and then immediately summoned me to his aid.

Having carefully examined him, I readily detected dislocation of each humerus into the axillæ, which I speedily reduced, first the left and then the right, but the latter with the greater difficulty. The shock produced by the fall, coupled with the loss of blood, had depressed the patient considerably, and placed him under favourable circumstances for the reduction of the dislocations, which I consequently accomplished with comparative ease.

When Mr. M— fell, the kitchen dresser was at his right, some chairs at his left, and a chest of drawers in front, against the corner or edge of which he hit his face in falling; but there is no appearance to justify the conclusion that he struck his arms in falling to the ground. I mention these particulars, because it is sometimes difficult to account for the force by, and the manner in, which dislocations are occasioned.

In conclusion, I am glad to say that the patient is going on satisfactorily and well.

Margate, June, 1852.

MALFORMATION OF THE GENITAL ORGANS AND BLADDER.

By BENJAMIN DULLEY, Esq., M.R.C.S.E. & L.S.A.

E. B— was born on the 22nd December, 1851. At birth the umbilical cord was observed to be attached to the abdomen much lower than usual; and immediately underneath it was a granular-looking projection, very red in appearance, and about the size of half a walnut. Upon more minute inspection, this appeared to be the anterior part of the bladder; uncovered by the abdominal walls; it was open at its lower part, where the ureters might be observed with the urine dribbling away through them. The penis seemed as if it had been cut in two horizontally, and the upper part taken away. Prepuce wanting. The child thrived for some weeks, then gradually sank, and died April 17, 1852.

Post-mortem examination.—The body was greatly emaciated; apparently there was no navel, the umbilical cord having been attached immediately above the projecting bladder; but the remains of the umbilical vein were observable upon opening the abdomen, the contents of which appeared in a very healthy and natural condition, excepting the bladder, which was placed just above the symphysis pubis, and exterior to the integumentary covering of the bowels, small in size, and about the shape of a large peach-stone, of a corrugated, granular, florid appearance; the ureters were larger than usual, and a probe introduced into them from the kidney made its exit at the lower part, on either side of the projecting bladder, where the urine had been observed to dribble away; and between these openings was that of the bladder itself. The penis had the appearance before described; there was no urethra, but a slight groove extending along its dorsum.

Wellington, 1852.

ENGLISH SURGEONS BEFORE THE ACADEMY OF MEDICINE OF PARIS.—We perceive, by the report of the meeting of the Academy of Medicine of Paris, which took place on the 15th of June, 1852, that Mr. Curling, of the London Hospital, has sent a paper on the Non-malignant Fungus of the Testicle, the communication being accompanied by a model in wax and pathological preparations. The paper has been referred to Messrs. Velpeau, Malgaigne, and Ricord, who will report upon the same. It is perhaps in the recollection of our readers that these three distinguished surgeons took a very active part in the discussion which lately took place in the Academy, upon a new mode of treatment proposed by M. Malgaigne in non-malignant fungus of the testicle.