

mining the nature of the original lesion. When the patient was admitted into the hospital, the fact of pulsation being felt in the posterior tibial after the swelling had subsided added to the uncertainty of the case.

J. C—, aged twenty-seven, a healthy man, was admitted on August 19th, 1868.

History.—Ten weeks before admission he was shearing lambs, and ran the shears into his right leg. A good deal of hæmorrhage took place at the time of the accident. No very distinct account could be obtained of the progress of the case, except that the leg became much swollen, and after a time coagulated blood and pus was discharged from the wound. Things went on in this way until shortly before admission, when a further attack of hæmorrhage ensued.

On admission, the limb was much swollen, and there was a wound, about an inch long, about four inches above the internal malleolus, from which thick pus mixed with blood was escaping. The foot was so much swollen that no pulsation could be felt in the tibial arteries. The limb was kept raised, and a poultice was applied. Under this treatment the swelling diminished, the discharge became healthy, and on the 28th the posterior tibial artery could be felt pulsating. On the 31st no pus was seen, but a dark clot protruded from the wound. This was pressed out, and there immediately followed a jet of arterial blood. Under these circumstances an incision was made about three inches in length, and a large cavity filled with coagula was laid open; its walls were found to be made up of fibrin partially organised. This having been cleaned out, the posterior tibial artery was discovered, having a small round opening in it large enough to admit a probe. A ligature was applied above and below the opening. There was so much bleeding from the surface of the cavity that it was necessary to plug it with lint. Considerable suppuration followed the operation, separating the muscles of the calf, and rendering incisions of both sides of the leg necessary.

From this time the patient progressed favourably, and was discharged cured on November 14th.

MIDDLESEX HOSPITAL.

CASE OF PENETRATING BULLET-WOUND OF THE THORAX; RECOVERY.

(Under the care of Mr. CAMPBELL DE MORGAN.)

At about midnight on the 26th of December, Mr. De Morgan was called down to the hospital to see a young man, twenty-one years of age, who had received a pistol-shot in the chest. It seems that he had been dancing in some neighbouring rooms, and that on coming out, while some twelve or fourteen people were getting their hats and coats, one of them took up the patient's coat, in a pocket of which was a pistol. This by accident went off, and the bullet was lodged in the owner's chest.

On his admission into the hospital he was in a state of slight collapse, with a little irregularity of the pulse. Air was heard to enter the chest with a hissing sound through a wound situated just two inches and a quarter in a direct line below the left nipple, the centre of the wound being over the sixth rib. The wound was about the size of a shilling, contused and lacerated, with puffiness around it. The chest was tympanitic, except over the heart, which was not displaced.

Shortly after admission, he had an attack of dyspnoea, which lasted about five minutes. A probe directed a little upwards could be passed into the thorax between the fifth and sixth ribs. If then directed inwards, it brought on agitation, and he said he could feel it pressing against his heart. He said he could feel the bullet at the back of the chest. He had no cough or dyspnoea, or bleeding either through the trachea or the wound. It was pretty clear, from the absence of all symptoms, that the heart and lungs had both escaped. To make sure that the bullet was not lodging in the neighbourhood of the wound, Mr. De Morgan put him under chloroform, and enlarged the opening in the skin. The wound in the pleura could then be seen as a horizontal slit about a quarter of an inch long, in the centre of the intercostal space. A long probe could be passed readily now to the back of the thorax

without meeting with any obstacle. If passed towards the mesial line it was obstructed by the heart. The bullet could not be felt; it was conical, five-eighths of an inch in vertical dimension, and rather more than two-eighths of an inch in diameter. It had no doubt fallen to the back of the chest, and was lying, where the patient said he felt it, at the middle of the lower edge of the pleural cavity. Externally nothing could be felt of it.

As he was so free from all symptoms, with a pulse at 88, and the respiration 22, in the minute, Mr. De Morgan left him, putting a pad of lint moistened with carbolic-acid lotion over the wound, with a broad strap of plaster over it. This quite prevented all ingress of air through the wound. He had a fairly quiet night, sleeping at intervals, breathing easily and free from pain, the pulse 96, and the respiration 26.

In the afternoon of the 27th the patient complained several times of severe stitch, passing from the wound to the back of the chest. He was thirsty and a little feverish. These symptoms were relieved by small doses of laudanum and solution of antimony.

It is unnecessary to give the daily record of the case. He had occasional returns of feverishness, with stitch in the side, but no symptom of any serious import connected with the wound. It was noticed that two days after the wound the tympanitic state of the chest had much diminished, and the natural chest sounds became more and more natural. As the parts about the wound seemed to be irritated by the carbolic-acid lotion, a lotion of hyposulphite of soda was substituted on the 30th.

On the 31st he was quite free from pain, but slight friction sounds could be heard in the neighbourhood of the wound, which on the 1st of January became much more marked, and could be traced from the wound in a line towards the back as far as it was considered desirable to move him; and at this time the pleuritic pain was more severe than before or since. He had very little cough, however, then, or at any other time.

On the 17th January he was so well, and had been so long free from all signs of the injury, that he was allowed to get up. He felt no inconvenience from moving, but rather relief.

On the 21st he exposed himself to a draught, and had a sharp attack of rheumatic fever, the course of which was in no way affected by the injury. It left its traces, however, in the heart, the action of which became somewhat tumultuous, with mitral murmur and some regurgitation. These symptoms were much less marked when he left the hospital on the 15th of February. He was then so well that he was able to travel down to Cornwall.

Few cases (Mr. De Morgan remarks) have, perhaps, occurred in which a penetrating wound of the thorax by pistol-shot, especially in such a situation, has been followed by so few symptoms of injury. A few lines more to the left and the heart could not have escaped. The probe touched the pericardium if it was directed at all inwards. What was the course of the bullet? The ball entered in a direction directly backwards and a little upwards. The centre of the wound in the pleura corresponded with the upper part of the centre of the skin wound. Naturally one would expect that a conical bullet would take a direct course under such circumstances. It did not touch the rib so as to be deflected by it. But that this was in all probability not the case was shown by the distinct evidence of a line of pleuritic inflammation running round the chest from the wound to the back. It may be that the course of the bullet was turned by the pericardium itself.

One curious coincidence remains to be noticed. On Christmas day, 1867, this young man was garrotted. On the following day he bought the pistol, which he always carried from that time when he was out at night. On that day twelvemonth he was shot by it when standing amongst a dozen others. The whole circumstances are as strange as any sensation novelist could desire.

At the Edinburgh University Court, held on the 16th inst., Dr. W. Robinson, F.R.C.P.E., and Mr. Benjamin Bell, F.K.C.S.E., were re-appointed Examiners in Medicine for one year. Dr. J. Warburton Begbie, F.R.C.P.E., was appointed an Examiner in Medicine for the same period, in succession to Dr. W. Seller, who had intimated that he did not desire re-election.