without difficulty. The plan of attaching the tracheal wound to the skin is recommended as serving to keep the tracheal wound widely open—a help to the surgeon and a source of safety to the patient. The patient made an uninterrupted recovery; the lung slowly re-expanded, and a final examination of the chest fourteen days after the operation disclosed as the only abnormal physical sign slight deficiency of respiratory sound and of expansion on the left side. The entrance of the foreign body into the left bronchus instead of the right is shown to be by no means so rare an occurrence as commonly believed. Out of thirty-three cases collected in which the position of the foreign body is stated, it entered the left bronchus in eighteen instances, the right in thirteen.—*Lancet*, Jan. 14, 1888.

H. H. TAYLOR (LONDON).

CHEST AND ABDOMEN.

I. Case of Stab (Knife) Wound of the Abdomen with Lesion of the Stomach.—By Dr. NIKOLAI M. BENISOVITCH (Odessa, Russia). A peasant, æt. 18, when one night leaving a *traktie* (tavern) after having imbibed a large amount of tea, was suddenly stabbed in the abdomen with a large pen-knife by a stranger standing at his side. Shortly afterward he was brought to the Odessa Town Hospital in an extremely depressed and apathetic state, with a weak, quickened pulse, incessant nausea and great pallor. On removing a dirty rag saturated in blood from his belly, a piece of the omentum was found protruding from a bleeding clean cut transverse wound, measuring 2 cm. in length, and situated four fingers' breadth from the left costal margin and about a similar distance from the middle line. Having duly disinfected the parts, Dr. Benisovitch tied the prolapsed portion of the omentum with five catgut ligatures and cut it away above them, the piece removed measuring 8x15 cm. A drainage tube was inserted, and the wounds stitched with catgut, dressed antiseptically and covered with icebags, while internally a full dose of opium was administered. Two hours later an incessant oozing of blood from the lesion commenced, continuing for nine hours. Without any further loss of time, the lad was anæsthetized, the sutures removed and the wound enlarged by a cruci-

form incision. The whole abdominal cavity was found to be filled partly with fluid blood, partly with clots of various sizes, some of which were closely adherent to the viscera and peritoneum. After carefully removing the blood, the small intestine and omentum were explored (outside of the abdomen), with the object of finding the source of the hæmorrhage. No bleeding points came to sight until the centre of the great curvature of the stomach was reached. In this situation there was discovered a clean-cut wound, 4 cm. long, penetrating through the serous and muscular coats of the organ (*the submucous and mucous being intact*), and dividing several small branches of the gastro-epiploic artery and vein. The bleeding vessels were ligatured, the gastric wound stitched, the viscera and peritoneal cavity washed out with a tepid solution of thymol, dried with a sponge, and the abdominal incision closed and dressed after inserting a drainage tube. During the first four days the patient suffered from obstinate nausea with vomiting, and unquenchable thirst; there were also some abdominal distention, slight jaundice, slight fever (38.2° C.), while about one and one half tablespoonfuls of a sanious fluid was removed from the drainage tube by suction with an ordinary glass syringe. On the fifth and sixth day a marked general improvement set in, but then a severe attack of croupous pneumonia suddenly made its appearance. On the tenth day after the accident the wound was healed *per primam* and the sutures were, accordingly, removed. In spite of the abdomen being most carefully bandaged, on the eleventh day, during a violent paroxysm of cough, the cicatrix burst, and several intestinal loops prolapsed through the gaping wound. Again the abdominal cavity was sponged out, the viscera reduced, the edges of the wounds refreshed, a drainage tube inserted and the wound closed. Notwithstanding all these grave complications, on the twenty-second day after the accident the wound was found again united by first intention, except at the site of the drainage, where some fungous granulations developed, to disappear after a couple of cauterizations with solid nitrate of silver.

About the same day a steady and rapid resolution of the pulmonary process commenced, and after forty days' stay at the hospital the lad was discharged quite well and sound. So strikingly successful a ter-

mination of so grave and complicated a case is ascribed by Dr. Benisovitch to a strictest possible antiseptic management from the beginning, and above all to establishing and scrupulously keeping up a thorough drainage. Analyzing his case the writer dwells especially on the following points: 1. In the whole international literature accessible to him he was able to find only one case where an already cicatrized abdominal wound burst under conditions like those in his patient. It is the case of Dr. Tchaïshansky where herniotomy had been performed, and the whole wound had healed *per primam* at due time to give way shortly afterwards under the pressure of severe cough efforts. The prolapsed bowels were disinfected and returned into the abdomen, the patient making good recovery. 2. Cases of traumatic lesions of the stomach are comparatively very rare both in military and civil life. Thus of 3717 gunshot penetrating wounds of the abdomen, registered during the War of the Rebellion in the United States, the stomach was wounded only in 79. Its stab wounds are met somewhat more frequently, but they include then, in an overwhelming majority of the cases, all coats of the organ, while in Dr. Benisovitch's patient only the serous and muscular layers were involved. This singular circumstance is attributed by the writer to the fact that, at the time of the injury, the lad's stomach was distended with tea, while, on the other hand, the weapon being thrust from a side, touched the organ at a tangent, only gliding over its surface. 3. The case beautifully illustrated those highly beneficent teachings of Marion Sims, Senn, William MacCormac, etc., according to which a patient suffering from an abdominal wound, when subjected to a rational active surgical treatment, has as many chances for recovery as a woman suffering from an ovarian tumor and treated by ovariectomy.—*Khirurgitcheskyy Vestnik*, No. 2, 1887, p. 887.

II. Case of Stab (Knife) Wound of the Abdomen, with Multiple Lesion of the Small Bowel. By DR. MIKHAIL I. GOSHKEVITCH (Kherson, Russia). A middle-aged peasant was stabbed in the shoulder, chest and hypogastrium the weapon being a large clasp knife. A district practitioner, Dr. Kozelsky, happened to pass