gaged in picking leaves from a mulberry tree, when the branch upon which she was standing broke, and she fell upon a stake placed near the tree. Some persons who were attracted by her screams, seeing her stretched upon the ground, endeavoured to raise her; but they experienced great difficulty, for the stake, which had penetrated very deeply into her thigh, riveted her to the ground.

The first attempts at extraction served only to break the stick at a point seven inches within the substance of the thigh which it had entered. Having no longer any hold upon the stick, the physicians had the patient conveyed to the hospital, where M. Vannoni saw her. Her face was pale, eyes sunken and dull, surface cold, pulse small and weak, respiration feeble, speech hesitating, with nausea and vomiting; she had not been able to urinate since the accident occurred, 15 hours before. On the posterior part of the thigh, and a little towards its inner aspect, just below the superior third, was a lacerated and contused wound four inches wide, involving the skin and muscles. Another wound of the same kind, but only four or five lines wide, and almost confined to the skin, existed in the left lumbar region, on a line with the exterior margin of the sacro-lumbalis muscle. Here a tumour was felt, hard, slightly movable, traceable as far as the antero-superior spine of the ilium, and seeming at this point to disappear in the lower pelvis. If this was touched, the patient experienced pain extending from the wound of the thigh towards the tuberosity of the ischium, and more severely towards the wound in the loins.

Its removal was commenced 2½ hours after the entrance of the patient. The stick was broken at a point too deep to be reached from the wound in the thigh; it was necessary to cut down upon the tumour which it formed in the lumbar region, first through the integument, then the muscles, and finally the peritoneum. The index finger of the left hand was then introduced, and a probe-pointed bistoury slid along upon it, by which the aperture was enlarged. It was necessary to push down the piece of wood in order to disengage it from the two lower ribs, which its superior bifurcated extremity had in a manner clasped on their inner face. It was then seized with a pair of stone-forceps, and thus extracted,—a knotty stick eight and a half inches long, and between three and four inches in circumference. At the moment of its withdrawal one of its bifurcations was broken. Immediately, M. Vannoni introduced his finger, to ascertain if there was any other fragment remaining; but he could feel only the uterus exposed. The edges of the incision were approximated by suture; and the wound in the thigh was closed by adhesive plaster.

The reaction was speedy, and so great as to render bleeding necessary. Abortion occurred at the end of six hours; the placenta exhibited an extravasation of blood upon its uterine surface.

The introduction of the catheter was requisite for several days. The next day, and the day following, the patient was bled twice, and was twice leeches. The cicatrization of the wounds was retarded by an attack of erysipelas, and by the escape of two pieces of bark, which were discharged on the 3d and 4th July.*

When the patient left the hospital on the 11th Sept., the exact distance between the wound on the thigh, and that in the loins, was found to be seventeen inches and two lines.—*Gazette Médicale de Paris*, Dec., 1844, from *Gazette Toscana delle Scienze Medico-fisiche*, June, 1844.

45. *Empalement by an Iron Spindle which penetrated the left buttock, and passed out by the right of the navel.*—M. BESSEMS has published in the *Annales de la Société de Médecine d'Anvers* (Jan., 1845), an account of a case of penetrating wound, which in several points of view, is as remarkable as the one recorded in the preceding article.

The subject of this case was a lad 14 years of age, who fell from the top of a bed about four feet high, on an iron spindle blunt at the point, a foot long, and of the thickness of a large quill, which was inserted by its handle in a wooden block. After the fall, during which he experienced no particular pain, his body was inclined forwards and to the left, supported by the left shoulder resting against the wall and by the feet upon the ground; the thighs were slightly bent upon the pelvis.

On attempting to rise he felt himself pinned by the buttock, at the same time

perceived with surprise rather than fright the spindle protruding from the belly at the side of the navel, having moreover perforated in this situation his shirt and trowsers. Maintaining remarkable *sang froid*, he detached the axis of the block, and thus transfixed, walked down about a dozen steps of a staircase to call his mother, who pulled out the spindle, and then waited the arrival of a surgeon.

The axis had acquired only a slight curvature at the line of junction with the handle.

At his admission into the hospital three days after the accident, this patient presented merely two small round wounds; one on the anterior wall of the abdomen about three-quarters of an inch to the right of the navel, in the direction of a line drawn from thence to the anterior superior iliac spine; the other in the fold of the left buttock about two and a-half fingers' breadth from the anus. These two wounds, surrounded by a reddish circle, furnished a slight exudation.

The pain, which the preceding evening had been vague and radiating over the whole abdomen, was, on admission, very trifling, and confined to the margin of the front wound. Otherwise there was no morbid symptom; the belly was supple; appetite, digestion, stools, and urine, natural; not the least febrile reaction.

This favourable condition lasted up to the period of the patient's dismissal, twenty days after the casualty.

It would appear in this case that the spindle after penetrating the left buttock at two and a half fingers' breadths from the anus, must have traversed diagonally from below upwards the left half of the pelvic hollow and a part of the abdominal cavity in order to have forced a way out by the right of the navel. The anatomical disposition of the peritoneum is such that in this course the spindle must have necessarily rent this serous sac. Yet this lesion, reputed so serious by surgical writers, was not followed by any mischief.

Another remarkable particular connected with the above fact is the absence of visceral injury. If it be reckoned that during the vertical position in which the lad was when the thing occurred, the intestinal convolutions must have filled the entire pelvic cavity, it is difficult to conceive how an iron spindle could have passed through this cavity amid the convolutions without doing any hurt.

46. *Paracentesis of the Thorax in acute Pleuritic Effusion.*—M. TROUSSEAU communicated to the French Academy of Medicine, March 25, the results of three operations of paracentesis of the thorax successfully performed in effusion from acute pleuritis. The first of these cases differs from those previously published by M. Trousseau, in that the dyspnœa was not considerable. M. Trousseau made some reflections on the value of this symptom, as its absence might be deemed a contraindication of the operation. Dyspnœa and orthopnœa, according to M. Trousseau, do not constitute any measure of the degree or seriousness of the effusion, as they may not exist when the effusion is considerable, especially if it has formed slowly. According to M. Trousseau, the signs that constantly indicate the gravity and imminent danger of effusion, and which consequently call for the operation are, the displacement of the heart, whence result syncope, displacement of the mediastinum, depression of the spleen and of the liver, acceleration and feebleness of the pulse, and an anxious countenance.

M. Trousseau mentioned a curious physical phenomenon which immediately follows the evacuation of the liquid—viz., the sudden ampliation of the thorax from the rush of air in the bronchial tubes, which is so intense that recently-formed adhesions are usually destroyed thereby.—*Dub. Med. Press*, April, 1845.

47. *Diagnosis between Gonorrhœa and Leucorrhœa.*—DR. SKAE and MR. BENBOW, in an interesting memoir on the statistics of the Lock Hospital of Edinburgh, in the *Northern Journal of Medicine*, April, 1845, state that they are convinced from their observations that the features described in works on forensic medicine as affording a means of diagnosis between gonorrhœa and leucorrhœa, are extremely fallacious. Gonorrhœa, it is said, affects the lower part of the vagina only, while leucorrhœa proceeds from a higher source.* This may be true in certain recent cases of

* See Beck's Medical Jurisprudence, &c. &c., Art. Rape.