

GUNSHOT WOUND OF THE CHEST AND  
INJURY TO THE SPINE

WITH SPECIAL REFERENCE TO PROGNOSIS

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GAFFNEY, S. C.

I report this case to furnish some idea of the prognosis to be made in cases involving injury to the spine. The literature on prognosis in such injuries is very incomplete.

*History.*—The patient, a colored man, aged 21, single, laborer in a railway camp, was shot July 18, 1909 at close range with a 38-caliber revolver, the ball entering the eighth interspace on the right side one inch to the right of the mammillary line, passing downward and backward and emerging through the eleventh interspace behind in the mid-scapular line  $2\frac{3}{4}$  inches to the left of the spinous process of the eleventh dorsal vertebra. The man was hauled 4 miles in a wagon and 12 on train with no dressing on either wound.

*Examinations.*—The pulse was 130, the temperature 102, respirations 30, paralysis of the left thigh and leg was complete. There was retention of urine and paralysis of rectum with involuntary evacuations; loss of all sensation in the left thigh and leg supplied by the musculocutaneous, external saphenous, anterior tibial, external and internal plantar, and internal calcaneal and the lower part of the leg that is supplied by the lateral cutaneous and internal saphenous nerves.

*Course of Case.*—The patient had to be catheterized for two weeks, after which there was involuntary urination as well as defecation for six months; since that time he has improved steadily until now (twelve and a half months after injury) he can control bowels perfectly and retain his urine four to five hours. A bed-sore six inches in diameter developed over the sacral region and smaller ones over both hips, which caused a considerable amount of trouble.

Temperature ranged between 101 and 104  $\frac{3}{5}$  for a month, after which time it became normal. After two months the patient could move the toes slightly, then the foot, knee and thigh; and six months after the injury he could move the entire leg a small distance in every direction. August 9, 1910 he is walking around quite well without the use of his crutch and gives every indication of an early and complete recovery. The injury to the spinal cord appeared to be limited to the direct pyramidal tract and antero-lateral column in the left side of the cord.

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*Bilateral Herpes Zoster.*—Dr. Lester C. Diddy, Oswego, Ill., writes: Reading the article in THE JOURNAL (July 30, p. 372), by Drs. Varney and Jamieson brought to mind a similar case, which occurred in my practice recently, of which the following is a brief report: Mrs. S., housewife, aged 54, American, whose family history is negative, as far as anything bearing on the present condition is concerned, had the ordinary diseases of childhood, since which time she has been healthy. There is no history of injury at the site of eruption. Pain of neuralgic character appeared several days before the lesions, which were typical of herpes zoster. They first appeared on the left side, in the dorsal region near the mid-axillary line, and gradually extended over nearly the entire left half of the chest and abdomen anteriorly and posteriorly. Lesions appeared on the right half of chest and abdomen and extended until they met those on the left side, completely girdling the patient. The lesions became very extensive and caused no little annoyance. They extended upward to the second rib in front and to the scapula behind, downward to the groin on the right side, and about half way down the left thigh, and down the back as far as the buttocks. The inner surface of the left arm was also affected, nearly to the wrist.

CASE OF A SPOOL EMBEDDED IN THE  
CERVIX UTERI

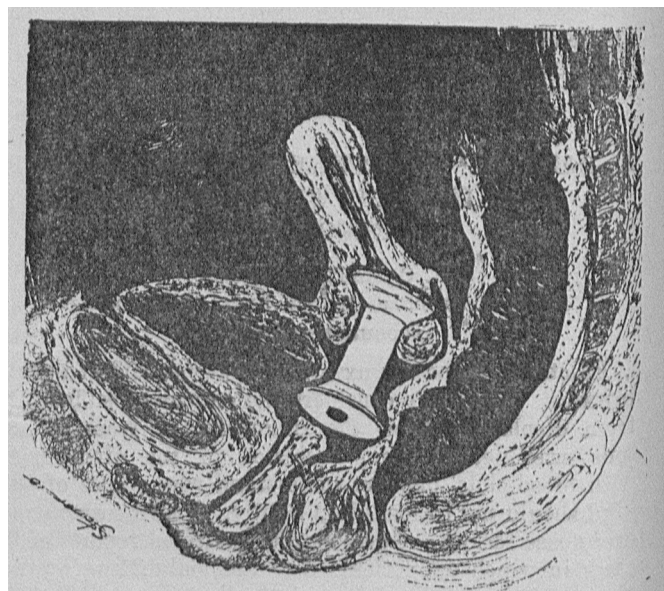
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DES MOINES, IOWA

*History.*—S. L., aged 16, colored, entered my service at the surgical dispensary of Drake University, July 14, with a history of pelvic trouble of some years standing. She menstruated at 13 for 5 successive periods, after which time the period ceased altogether.

*Examination.*—Her general condition and appearance was good and she was of average intelligence. On investigation the underclothing was found to be saturated with urine and the vulvar region was excoriated. A vegetative growth of small size and of a reddish hue, surrounded the meatus, and urine was trickling from the vagina. The examining finger came in contact with a foreign body in the vagina, which proved to be a wooden spool. Further examination showed that one end of the spool which measured about 5 centimeters in length, was securely embedded in the cervix. The free end was grasped with a pair of forceps and an attempt made to extract it, but this effort created great pain, and chloroform was administered. A more complete examination was



Drawing to show position of spool before removal, with infantile uterus and fistulous tracts from bladder and uterus into vagina.

then made. The uterus was retroverted and its body atrophied. The cervix held the spool tightly, about its middle third. One edge of the upper end of the spool through pressure necrosis, had worked its way through the uterine tissue back into the vagina.

*Treatment.*—As it was impossible to extract it forcibly or to dilate the canal the cervical tissue was divided at this point and the spool released.

*Remarks.*—The free end for the spool was covered with calculeous salts and its upper edge had protruded into the base of the bladder, creating a vesico-vaginal fistula, through which the index finger could be freely passed. The girl denied all knowledge of the presence of a foreign body in the vagina, but stated that when she was about 8 years old her mother, who was very unkind to her, had placed something in the vaginal canal which gave her great pain and caused hemorrhage for a few days. She has had more or less discharge ever since, she claims, but it was not until 8 or 10 months ago that the urine began to pass through the vagina.

The length of time the spool had been in the uterus, and the manner in which it had become embedded