

**Wounds of the Stomach by Fire-arms.**—**FORGUE** and **JEANBRAU** (*Revue de chir.*, 1903, No. 12), after an admirable and most complete review of the entire literature of this subject, state that every case demands immediate operative interference for its relief. This should consist in a median supraumbilical laparotomy, followed by an exploration of the anterior surface of the stomach, the liver, the neighboring coils of intestine, the spleen, all the accessible portion of the diaphragm, and the posterior surface of the stomach. All visceral wounds should then be closed by suture, the toilette of the peritoneum carefully completed, and then the abdominal wound closed after proper provision for drainage has been made.

**Osteomyelitis of the Coccyx.**—**MONNIER** (*Rev. de orthopédie*, 1904, No. 2) refers first to the interesting article by Grisel in the November issue of this JOURNAL on the "Primary Acute Osteomyelitis of the Vertebrae," in which he refers in detail to the forty-three cases of this disease which presented themselves for treatment at Kirrison's clinic. In this series is included a note of six cases in which the sacrum was involved, and the seriousness of the disease may well be appreciated, for of these cases not one made a recovery. Monnier notes in detail one case in which the coccyx was involved, but which made a good recovery after operative interference.

**Penetrating Wounds of the Heart; Suture; Death.**—**VINCE** (*Jour. de chir. et annales de la soc. belge de chir.*, 1903, No. 7) states that the external wound was in the fifth left intercostal space, in the parasternal line, horizontal in its direction, and 2.5 c.m. long. Its borders were clean-cut, no bleeding externally nor bloody expectoration, no subcutaneous emphysema; the edges of the wound were closely approximated; the left side of the chest moved but little during respiration. On proceeding to the examination of the chest there was found dulness upward to the inferior angle of the scapula with all of the physical signs of a vast pleural effusion. An operation being decided upon, an incision was made with its superior border corresponding to the wound, the internal border corresponding to the left edge of the sternum and the inferior border corresponding to the superior edge of the eighth rib. This hinge-like skin-flap with the underlying cellular tissue was dissected backward. Then in the seventh interspace was found a gaping wound from which air and blood escaped with the respiratory movements. A musculo-osseous flap was then made, and the fifth, sixth, and seventh costal cartilages were cut. After turning them back the pleura was freely incised and found filled with blood, partially clotted. At each expiration the pericardium appeared in the wound. The lung was found retracted toward the vertebrae upon its hilum. The pleura was rapidly cleansed, and then the 2-c.m.-long wound in the pericardium was plainly visible. Upon separating the edges of the pericardial wound, it was found that there was a wound near the apex of the left ventricle, from which the blood "foamed" at each diastole. This wound in the ventricle was closed, using an intestinal needle and No. 2 silk, with three interrupted sutures, one of which perforated a coronary branch, necessitating its ligation. All hemorrhage being arrested, the pericardium was washed out and then closed with catgut sutures without drainage. The wound was then closed, and

the patient returned to bed, being much shocked. Salt solution and stimulants were freely used, but without avail, death following two days later.

Some points in this case would seem to merit further attention. 1. In regard to the difficulty of making a diagnosis. The most of the physical signs and symptoms presented by this case were simply of the presence of an intrathoracic hemorrhage, but the organ that was injured could not with certainty be discovered without operative interference. The only possible diagnosis was one of rapidly increasing hemothorax, which demanded an immediate operation for its relief. 2. The patient bore chloroform anesthesia very well. 3. The horse-shoe-shaped flap with the temporary resection of the costal cartilages proved valuable in that it widely exposed the field of operation. 4. In all cases of suture of the pericardium one should free the mediastinal portion of the pleura that is in contact with the pericardium, so that a separate suture of these two serous membranes can be made, which tends to limit the chances of their being eventually infected. 5. The pericardium was not drained, and it would seem to be best not to do so unless there existed some especial indication, for drainage is an essential factor in the production of pericardial, adhesion, and it does not prevent infection. The greater number of the fatal cases are those in which drainage was employed. However, drainage of the pleura is usually indicated by reason of the great ease with which this membrane becomes infected. This marked liability to infection is without doubt the greatest danger in all cases of cardiac wound.

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## THERAPEUTICS.

UNDER THE CHARGE OF

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**Adrenalin in Gastrointestinal Hemorrhages.**—DR. M. H. SCHLESINGEN has successfully treated two patients suffering from hemorrhage of the alimentary tract by adrenalin given internally. The first patient was a hemophile, with severe intestinal hemorrhage. Six minims of a 1 : 1000 solution, given every hour, caused a cessation of the bleeding. In twenty-four hours the patient took  $7\frac{1}{2}$  drachms of the solution. After further administration of the agent, in connection with gelatin, a drop of blood obtained by puncture coagulated at once. The second patient suffered from essential purpura, with bleeding from various mucous membranes, especially that of the stomach. This was stopped by the administration of adrenalin given as in the first case. The author has employed the drug in various other forms of alimentary hemorrhage, with invariable success. Hemoptysis, on the other hand, is not influenced by this treatment. Internal administration of adrenalin has no effect upon blood pressure.—*La semaine médicale*, 1904, No. 11, p. 86.