

"Bent" behind suddenly fell forward, and, striking him on the back drove the crow-bar through him. As his body was wedged in between the "Bent" and the frame, a fellow-workman seized the end of the bar projecting behind, and pulled the whole length of the bar through him.

On examination I found him conscious, with a temperature of  $99^{\circ}$  and complaining chiefly of his hip, which he said was "strained." Under anaesthesia I explored the wound and removed some pieces of the scapula, and on inserting the finger into the anterior orifice (situated about two inches below and a little inside of the coracoid process) could feel the axillary artery pulsating on the outer side of the channel. The crow-bar had perforated the pectoralis major and minor, had opened up the axilla proper, and traversed the sub-scapularis, the scapula and infraspinatus. No foreign substances could be felt in the wound, and so, after thoroughly douching it with bichloride solution, a drainage tube was inserted through the hole in the scapula into the axilla, and the anterior orifice plugged with gauze. The hip was found to have been dislocated—*dorsum ilii*, and, after reduction, the patient was removed to his cot. Convalescence was uneventful—the temperature never rising above  $99^{\circ}$ , and in four weeks he left for his home. This case is interesting in view of the opening up of the axilla by a dirty instrument such as a crow-bar would likely be, and yet no sepsis result; and again, it shows how important structures may sometimes escape injury, for in the above case the end of the bar was at least two inches square and yet apparently there was not the slightest injury to the important blood-vessels, the plexus of nerves or its branches. No doubt the latter fact was due to the upper pointed end of the bar entering first, and the lower and larger end simply pushing the structures apart.

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