

men, as necessarily fatal. In the N. Y. Journ. Med. is reported a case of wound of the heart—the patient living ten days—external wound near the sternal end of the fourth rib. On the 9th day, the patient “fell on the floor of the ward, while crossing it.” The pericardium was found perforated within the mediastinal space. The heart itself was perforated half an inch to the right of the septum; perforation passing entirely through the right ventricle, through the septum, into the left ventricle. The orifices were lined with coagulated lymph. The learned editor of the Am. Jour. of Med. Science, in commenting in this case, which he re-publishes, says: “Wounds of the heart, when penetrating its cavities, are always fatal, though the patient often lives for a considerable period after the accident.” He then alluded to large collection of cases, to establish this negative proposition—that penetrating wound of the heart *cannot be cured*. Had the case just alluded to been well managed, it might possibly have been cured; in which case, our profession never would have known it. But “he fell on the floor of the ward, while crossing it,” on the ninth day, died on the tenth, and the knife revealed the surprising fact, that both ventricles of the heart had been penetrated.

In the Journal of Medical Science, for July, 1850, there is an interesting case of wounds of the left ventricle of the heart, which survived five days; reported by Dr. Frugien of Portsmouth, Va. A young negro man was found lying on the floor, in a state of the most profound collapse. “A wound was discovered, equi-distinct from the nipple and the left edge of the sternum, and just over the left costo-sternal cartilage of the fourth rib. There was no hemorrhage from the wound.” “The Doctor’s first impression was that the heart had been wounded, and that the case would terminate fatally. “The arrest of the probe by the cartilage,” he says, “and its deflection to the right, caused me to come to an opposite conclusion.” The collapse was then attributed to the presence of crude, indigestible food in the stomach. The wound was received on Monday night, and the patient continued to improve till Saturday, when in disobedience of orders, “he went out, and used other improper exertions.” At 8 o’clock he died. He had

been setting up a few minutes previously, and conversing cheerfully, when he sunk down from his chair and expired. Autopsy showed a wound passing through the walls of the right ventricle, without penetrating its cavity, thence through the septum into the cavity of the left ventricle. Through the opening thus made, the blood had escaped into the pericardium, until it put a stop to the movements of the heart. The wound through the pericardium had completely cicatrized, as well also as that of the heart for two thirds of its extent. Had this patient been confined on his back, and restricted to water gruel for twenty days he possibly might have lived.

It is the recorded opinion of Dorsey, Dupuytren, and others, that wounds of the heart are not necessarily fatal. But Taylor, in his medical Jurisprudence, says, “until some clear instances of recovery from penetrating wounds of the cavities are reported, the majority of practitioners will continue to look upon them as necessarily, although not immediately fatal.” As *one* instance of such recovery, I offer, with some diffidence, the above case. It may not be improper to state, that the youth who suffered was, at the time, a member of my own household. I was by his side constantly, night and day, for two weeks. The facts were noted down as they occurred with all the exactness of which I was capable. The case is deeply interesting, in many points of view, especially so in a practical one: showing, what the two cases alluded to unfortunately showed before, that, in wounds of the heart, the horizontal position should be strictly maintained, and the utmost quiet and relaxation enjoined, for at least two or three weeks after the infliction of such injuries.—*Southern Medical and Surgical Journal*.

## MIDWIFERY.

*Cephalic Version.*—Nine hours after the Rupture of the Membranes. By B. F. RICHARDSON, M.D., Cincinnati.—I was called to see Mrs. S. at 8 o’clock A.M., July 9th, 1850, aged about 25 years, medium height, robust and compactly built. Upon enquiry of the midwife, (who had been in attendance from early in the night previous,) I ascer-