

It is true that in some instances this constriction cannot be borne, being incompatible with respiration from the first; and in others it must be relaxed when inflammatory symptoms set in, even at the expense of disturbing the process of reunion in the broken ribs: still it is the most effectual treatment, but may be modified according to the state of the case, and the requirements of urgent symptoms.

When air is extensively diffused through the sub-cutaneous cellular tissues, and the patient is elderly or cachectic, the capillary circulation is so much impeded by its pressure, that the skin becomes cold and of a livid, or nearly livid color, threatening gangrene. This is a most dangerous symptom, and the worst result is to be apprehended. I have only seen two instances of this bad description, both of which ended fatally, though stimulating liniments, gentle local friction, warm flannels, and appropriate constitutional treatment were sedulously employed.

In cases where there is no danger of this kind, friction and liniments are also useful in hastening the absorption of the extravasated air. Emphysema occasionally disappears rapidly, and I have seen a chest nearly one-fourth larger than usual restored to its normal dimensions in a single night. The precise *modus operandi* of this absorption is as mysterious as marvellous. The air cannot be supposed to re-enter the wounded bronchi, which have contracted, and a healing process is going on in them. The lymphatics, it must be supposed, are inadequate to absorption on this scale. It is difficult to believe that the veins are the agents, because we know that air in any great quantity in these vessels destroys life. Cases have occurred where the internal jugular vein has been wounded during the excision of a deep-seated cervical tumor, in which the suction of a gulp of air has been audible, and instantly fatal. When emphysema suddenly disappears, many cubic inches of air must have been absorbed in a few hours, and I believe that physiology has not yet settled how this is accomplished, nor some other difficulties of the process of absorption generally.

I have never seen emphysema of the chest unaccompanied by costal fracture or a wound; but we know from the authorities that this sometimes happens. Yet in some of the recorded cases, including the squeeze from an elephant, quoted in the article referred to, there is reason to suspect that undetected costal fracture may have taken place. Under certain circumstances of extensive emphysema, the crepitus of a broken rib may be very indistinct amidst the crepitus of the integuments. Limited, and what we may call idiopathic, emphysema has been caused occasionally by the violent efforts of puerperal women in restraining their breath.

This extravasation is not a very unusual accompaniment of sword and bayonet thrusts, and also, but more seldom, of bullet wounds. In the