

120 soft; slight moisture on skin; calomel and opium, 5 and 2 grains was repeated; the tart. antimon. mixture to be continued.

Sept. 14.—He passed a tolerable night, occasionally getting half an hour's sleep; dyspnoea still urgent; complained a good deal of pain in the side and back; pulse quick but weak; dulness of sound on percussion increasing in extent, and crepitating rhonchus heard over a greater space than yesterday morning; the same description of respiration was audible for some distance round the wound in the back; 12 leeches were ordered to be applied to the side; and the tart. antim., of which he had taken 12 grains during the last 24 hours, without either nausea or vomiting, to be continued.

In the evening he was much easier; the leeches had bled well with relief; 5 grains of calomel, with 10 of Dover's powder, were given at bed-time.

Sept. 15.—In the early part of the night, was quiet, though he did not sleep; towards morning pain returned with severity; respirations 40 per minute; pulse 130; fuller than yesterday; dulness of sound on percussion increased, and respiration quite inaudible for some distance round wound; crepitant rhonchus heard only at margins of effusion; was bled again from the arm to 16 ounces; the seidlitz to be repeated as the bowels had not been opened for 24 hours; the antimonial mixture to be continued as formerly.

Sept. 16.—Passed rather a good night; pain and dyspnoea less urgent, though any attempt at full inspiration was still impossible. For the first time, during the night had coughed up one or two small clots of blood. Pulse 112; heart's impulse stronger than indicated by the pulse; respirations 36; stethoscopic indications as at yesterday's report; bowels had been freely acted on by the seidlitz; tongue moist, partially coated with white aphthous spots; gums not at all tender; 20 leeches to be applied to the chest. In the evening, as the aphthous state of the tongue and fauces was much complained of, the vinum ipecac. and tincture of digitalis were substituted for the tart. antimon. in the mixture, and a borax and alum wash administered for the mouth, with the internal use of antacids.

Sept. 17.—Much improved in every respect. Pulse 108 soft, respirations 30; neither pain nor dyspnoea complained of; no more blood expectorated; able to lie with the head pretty low; requested something to eat; anterior wound discharging a bloody serosity in very small quantity; posterior incision quite cicatrized. To be allowed a little thin broth.

Sept. 18.—Still continues improving rapidly. Pulse and respiration diminishing steadily in frequency; pain no longer felt unless upon motion or full inspiration;

tongue becoming clean; skin moist; other functions natural. The case, after this, progressed most favorably. The space over which there was dulness on percussion, and want of respiration from day to day diminished, the breath sound being at first subcrepitant and gradually becoming natural.

Drs. Nelson and Crawford discontinued their attendance on the 21st. After this, nothing of importance occurred. The medicines were gradually diminished, and diet increased. On the 26th he was sufficiently recovered to take an airing in a carriage; and on the 1st of October he left for his home, a distance of 50 miles, (nearly all a land journey) quite free from cough or any other symptom of chest affection. The day before his departure, I examined his chest, and found, for the space of nearly an inch, around both the anterior and posterior wounds, dulness on percussion, and complete want of breath sound, but no rhonchus of any description was audible.

The above case is interesting to the practical surgeon in many particulars; it affords a good illustration of the value of the stethoscope as a means of diagnosis; in the first place, in determining the existence of a wound of the lungs at all, which, in the absence of bloody expectoration, and our not being able to trace the trajet of the bullet into the cavity of the thorax, could not have been, with any degree of certainty, made out without its assistance; and secondly, by enabling us daily to trace the progress of solidification, from engorgement of the lung, in the early stages of the injury, and the effect of the treatment, and the progress of the cure, by absorption of the effused blood, as the case advanced towards a favorable termination.

The absence, also, of bloody expectoration for the first three days, is a most unusual occurrence in injuries of this description. Hennen lays great stress on this symptom as a means of diagnosis: "A practical surgeon," he says, "will require but little investigation; bloody expectoration *immediately* on receiving the wound; and the terrible symptoms of dyspnoea," etc. etc. The only surgical author that I have met with, who considers "its absence as no proof of the lungs uninjured," is Professor Chelius.

The small size and pointed form of the bullet producing a wound through the intercostal muscles, which immediately closed upon its trajet, a mere separation, so to speak, without division of their fibres, completely prevented the occurrence of a common symptom in such injuries, the effusion of blood; and the escape of air from the wound. The same circumstance prevented the ingress of the atmospheric air, the collapse of the lungs, or the occurrence of emphysema. The form of