

hæmorrhage which otherwise would prove fatal. Wounds of the thoracic duct, of the lower part of the œsophagus, of the vena azygos, and of the diaphragm, are considered fatal.—

/ The prognostic in wounds of the lungs should in general be delayed, as the cases of recovery from desperate ones are so numerous, that we can never be justified in peremptorily declaring any particular instance a mortal wound. Wounds from fire-arms are, however, always more hazardous than those from cutting or sharp-pointed instruments.

There is a contrariety of opinion respecting the danger attendant on wounds of the stomach, as some have recovered from extensive injuries of that viscus, and after the operation of gastrotomy, whilst others have been killed by a slight blow on the stomach, the fatality of which has been attributed to the region of the stomach being the seat of the solar plexus, and of the semi-lunar ganglion, parts essential to life. Wounds of the small intestines are more dangerous than those of the larger, as are also those accompanied by an effusion of some of the contents of the viscera, such as the fluid of the gall-bladder, the urine, the fæces, or a rupture of some blood-vessel. Injuries of the spleen may become fatal by the loss of blood, although that viscus has sometimes been removed from the body without inconvenience to the patient. In general, the fatality of wounds results from the degree of injury to a function more or less essential to the support of life. It has also been remarked that the small intestines seem to possess some of the irritable sympathy so conspicuous in the stomach—death being brought on by some unaccountable cause where they are only slightly injured.

In wounds of the extremities, where the muscular fibres are divided transversely, or where syphilis and scrofula are present, the cure may be tardy, but wounds of the arteries and veins are not at the present day considered dangerous by modern surgeons, if timely aid be afforded. Hence in a