Post mortem, 36 *hours after death.*—After section of abdominal walls, about 1 gallon serous fluid, with shreds of lymph in it, was removed from the cavity. Small intestines coloured dark; bound together slightly by recent effusions of lymph, and contained small amount fluid fæces and air; stomach empty. Pyloric end of duodenum and upper part of jejunum very dark coloured, and coats thickened. The lower part of duodenum very friable. Colon and vermiform process not specially involved. Kidneys congested; right one much so. Congestion most marked between tubular and corticle portions. Bladder empty, muscular coat and lining membrane of the fundus—where covered by peritoneum—very much congested, a dark colour, and very friable. Lining membrane not much congested elsewhere. Liver congested and firm, also somewhat enlarged. Spleen congested.

HOSPITAL REPORTS.

Case of Fracture of the Ribs, with Wound of Lung. Reported by JOHN BELL, A.M.

On the 15th November, 1865, Thomas Frazer, a sailor, aged 57, of weather-beaten appearance, was admitted into the Montreal General Hospital, under care of Dr. McCallum.

In the early part of the preceding night, while intoxicated, he fell over one of the stone quays to the wooden wharf below. He says he alighted on his side on a pile of stones. He was immediately carried to his ship where he remained, *insomnis*, until removed to the Hospital.

Fracture of the ribs was at once diagnosed by Dr. Drake, House Surgeon, who ordered him to be placed in bed, as he suffered acutely from the slightest movement, on account of contused state of right shoulder and hip as well as from the more severe injury.

At the time of Dr. McCallum's visit, the extreme sensibility of the injured parts precluded a thorough examination, but it was nevertheless satisfactorily made out that the sixth and seventh ribs were broken about in a line with the origin of the *serratus magnus* muscle. The sixth somewhat anteriorly to the seventh, and both evidently fractured obliquely, from the ease with which they could be displaced, the amount of motion allowed, and from sensible snap with which they returned into place.

The subcutaneous cellular tissue for a considerable extent around the seat of the fractures was quite emphysematous, crepitating freely under pressure. After this had ceased to crackle under the bell of the stethos-