

apparently carrying before it any portion of these articles of apparel (as the rents made in each were mere slits), had entered the left side of the chest, about three inches below, and a very little to the outside of the nipple. The wound was small and circular, with depressed and livid margins, and the bullet, apparently, had passed through the intercostal muscles, in the space between the fifth and sixth ribs, close to their junction with their cartilages: the upper border of the inferior rib was grazed, and the bone was felt bare, but not fractured. Although a very careful examination of the wound with the finger and probe, failed in detecting the trajet of the bullet, either into the cavity of the thorax, or in any other direction, still, from the great severity of the symptoms, the position in which our patient was when he received the injury, and the ascertained power of the weapon, which, we were told, at a distance of twelve paces, could drive a bullet through an inch board, we thought it possible that the bullet, passing through the lungs, had lodged in the spine, we accordingly carefully examined the dorsal vertebræ, but without detecting any tenderness. A broad bandage was applied to the chest to restrain the motions of the ribs in respiration, with a bit of folded lint laid over the wound, and as our patient was still suffering from the shock of the injury, with pale countenance, rapid, feeble pulse, cold skin, hurried and difficult respiration, with great pain in the situation of the wound, we administered a drachm of laudanum, which Dr. Nelson had along with him, ordered heat to be applied to the extremities, and agreed to return within two hours, when we expected reaction would have commenced.

7½ P.M.—Upon our return we found that reaction had set in; the surface of the body had regained its natural heat; the pulse had become full and hard, ranging from 110 to 120; respiration hurried, being about 45 per minute; any attempt at full inspiration impossible; pain in side extending through to back much complained of; voice weak and suppressed; position in bed semi-recumbent; dyspnœa very distressing. The bandage, he said, had occasioned intolerable pain, and had been removed; there was no expectoration of blood, which we anticipated would, by this time, have shown itself, and very little oozing from the wound. Venesection was employed to about 2lbs. with relief, and he was put upon 1-6 of a grain of tart. antimon. and 2 grains nitras. potassæ every half-hour, with two drops of the solution of muriate of morphia added to each dose, to check a tendency to cough which greatly distressed him.

10 P.M.—It was proposed by the friends of our patient to associate Dr. Crawford with us in the treatment of the case; he was accordingly sent for; upon his ar-

ival, about 11 p.m., the symptoms were much as at last report; the pulse however was weak from the bleeding—120 in number. The breathing was so peculiarly spasmodic and catching, that it induced Dr. C. to believe that the diaphragm was wounded. The antimonial mixture was continued as formerly; and a scruple of calomel with two grains of opium was administered.

Sept. 13, 7½ A.M.—Had passed a very restless night; no sleep procured by the opium; slight occasional wandering; tongue still moist; pain and dyspnœa urgent; pulse had again become firm—120; no bloody expectoration. Upon percussing the chest a dull sound was elicited for some distance round the entrance of the bullet; and upon the application of the stethoscope, a crepitating rhonchus was audible for three inches around the same point; the crepitation was coarser and louder than in pneumonia, and in some situations it almost amounted to a bubbling sound. As the pulse had regained its firmness, venesection was repeated to upwards of 20 ounces; the antimony was increased to ½ of a grain in the half hour, and a seidlitz was ordered to be administered every hour till the bowels were acted upon.

At our visit at one in the afternoon, we found him somewhat easier. The blood drawn was cupped and buffy; the seidlitz powders had not acted on his bowels; injections were ordered to assist them. Upon visiting him alone somewhat later in the afternoon, during the time that his bowels were being acted on, I found that he complained of very acute pain in the back, referred to the hand of the assistant who was raising him upon the bed pan. Upon making an examination at the point referred to, I discovered the rounded form of the bullet lying deep under the muscles of the back, and immediately cut down upon and extracted it; it had passed out of the thorax between two of the ribs, close to their attachment to the transverse processes of the vertebræ, about an inch and a half internal to the lower angle of the scapula, and about the same distance from the dorsal spines; the upper edge of the inferior rib was rough, but without fracture; the edges of the incision were brought into close apposition by adhesive plaster; bleeding from the wound was very trifling. The bullet was small, weighing little over a drachm, and of a conical or sugar-loaf form; it seemed to have passed through the body with the small end foremost, as some fine filaments of the woollen jacket were found sticking in a slight notch on its point.

10 P.M.—Bowels had been freely moved during the evening; felt altogether easier, and was in high spirits about the extraction of the bullet; respiration still very hurried, though not attended with so much pain; pulse