

9th. Progressing favorably, to sit up in bed supported by chair back; half diet.

10th. Emphysema gradually disappearing; pulse 80; volume very small. Omit aconite in mixture.

13th. Scarcely a trace of emphysema; difference in the resonance of the two sides of the chest hardly appreciable; natural respiratory murmur heard over right lung; tongue clean; bowels regular; breathing natural; pulse 80 and of proper size. Omit pot. nitr. et. pot. cyanid in mixture; to have clothes and mutton chop.

15th. Sat up yesterday for three hours; ecchymosis disappearing. 9th and 10th ribs plainly felt to be thicker and broader about the juncture of the anterior with the middle third, they alone seem to have been broken. Wished for potatoes, allowed two.

17th. No evidence of former emphysema; both sides of chest sound alike on percussion; respiration not attended by any abnormal murmur; feels perfectly well, with the exception of a slight soreness in the side where he was hurt.

18th. Omitted mixture.

19th. Discharged.

23rd. Came to the Hospital to tell us that he had been gradually gaining strength till yesterday, when his bowels were slightly disordered by some mutton he had eaten on the previous day. Careful examination of the side confirms the opinion derived from last report of the sound state of the lung and the seat of the fracture. The bruise mark is fast fading, and will cease to be visible after a few days.

OBSERVATIONS.

The preceding case exhibits the consequences that may follow the application of violence to the chest. Its symptoms are clear expressions of the lesions present—the broken ribs—the wounded pleura and lung—while its history marks the connection between them and the order of their occurrence.

The nature of the exciting cause, and the part to which it is applied, have an important bearing on the establishment or not of complications in fractured ribs. Here a pointed shaft was forcibly impelled against the arch of the ribs, while the chest was fixed, so that injury to the contained viscera was inevitable. This however might have been averted, had the cause been less impulsive, and applied nearer to the extremities of the ribs, for as these bones usually give way in the one part, the broken ends would then have been spurred out, instead of being bent in.

The supervention of emphysema after severe injury of the chest, does not, as is supposed, necessarily imply the existence of fracture. Mr. Hiff reported in 1840, to the London Medical Society, a very singular case illustrative of this, seen by Mr. Lawrence and himself. A gentle-