

bony union, so that they are in reality "floating ribs," but respiration is perfectly natural, and all the functions of the thoracic and abdominal viscera are well and efficiently performed. Within the limits of a tolerably extensive practice, the above is the first case I have met with of such extensive injury of the liver, and I look upon it as unique in at least two particulars, first when we consider the extent of the penetrating wound into the chest, abdomen and liver, without immediate destruction of life, and secondly in its remarkable termination in perfect recovery without a single bad symptom supervening from receipt of injury to date of convalescence; the fatality which usually follows injuries, at all approaching this one in severity is of course very great, the chief danger to the patient, should he indeed survive the immediate loss of blood and shock of injury, being from inflammation set up in the serous membranes; medical literature, except as refers more particularly to military surgery, records but few instances of such severe injury either for instruction or for comment, which is doubtless owing to the infrequency of such accidents; there is every reason to believe, however, that penetrating wounds of the abdomen are much complicated, and that the severity of their danger is much increased by lesion of either the solid or hollow viscera; and from the reports of various cases of wounds of the liver, spleen &c., these latter appear to have been more fatal than similar lesions of stomach and large or small intestines. According to the experience of Dr. Hennen "a deep wound of the liver is as fatal as if the heart itself were engaged though slighter injuries are recoverable," other authorities, Drutt especially, refer also to the fatality of such injuries in almost the same terms. I must confess that the prognosis of the above case was of the most unfavourable nature and I looked forward to no other result than its fatal termination in thirty-six or forty-eight hours from the combined accession of pleuritis, peritonitis and possibly hepatitis. Considering that the serous membranes must have suffered a "solution of continuity" to extent of twenty lineal inches at least, it is indeed most surprising that nothing but adhesive inflammatory action was set up, which was indeed highly necessary for reparation; the non-occurrence of more severe inflammatory symptoms may be not unreasonably traced to the very large amount of blood that had been lost from the wounded side and stump. The detail of the case would also point favourably to the very decided use of opium in similar accidents, which can hardly be given in too large or too frequent doses—a system of practice much extolled by all military authors, from Hennen, Thompson, Cooper, Larrey, &c., down to more recent writers on military surgery in Europe and in the United States.