knife, in the posterior part of the left thorax below the scapula, the wound not exceeding three-quarters of an inch. Some bleeding following, he walked to the office of a physician, who, having closed the wound with adhesive plaster, dismissed the patient, with the remark that the injury would not amount to anything. However, great oppression of breathing took place, and in eighteen hours he was a corpse.

The *post mortem* examination, by order of the coroner, revealed profuse effusion of blood into the left pleura from a wound of the intercostal artery, with compression of the lung. The assailant was tried for murder, and convicted on the testimony of O'Leary's attending physician, who, with another practitioner, proved that the wound was mortal, in spite of proper surgery, alleging that the patient could not lose blood enough from the intercostal artery, and that the pleural sac would not hold blood sufficient to cause death. The Governor, however, on application of the friends of the condemned, had him reprieved on the testimony of several surgeons, who, upholding the correctness of our conclusion, were frank to admit that, the wound not being necessarily fatal, bad surgery, and gross carelessness of management, had produced the death of the patient.

Mrs. M. Zimmerman was, in 1845, stabbed by her husband with a shoemaker's knife, into the left thorax under the scapula, between the seventh and eighth rib. The wound, of two inches in length, was immediately closed by a practitioner in attendance. Internal bleeding followed, with orthopnea, high fever, and pleuropneumonia, terminating in death on the fifth day. I did not see the patient while living, but made the *post mortem* examination, when the broken point of the knife, an inch and a-half in length, was found sticking in the wound between the ribs, its point irritating the surface of the lung. The pleural sac contained a large amount of effused blood from the wounded intercostal artery. Can it be denied that the neglect of probing the wound, and the hasty closing of it, was the immediate cause of this lady's death?

August Lensler, aged 30 years, was, in 1853, stabbed with a broad-bladed knife between the fourth and fifth rib of the right side, posterior to the nipple. The wound was two and a half inches in length; profuse bleeding ensued, the patient becoming anæmic, and pulse flagging. A physician called in had closed the wound by suture; the respiration now became oppressed. I found entire absence of respiratory murmur over right chest, and, removing the stitches, opened up the wound, inclining the patient to the injured side; thus allowing the effused blood to flow out, with decided relief. Ice, with position on the right side, arrested the bleeding; active antiphlogistic treatment, with repeated leeching, moderated the inflammatory action and removed the effused blood. Eventually, his recovery was complete. Considering the immediate relief which the re-opening of the wound, the evacuation of some of the infiltrated blood, with position of the body on the wounded side, produced, can the old practice of early closing the wound, with the intention of preventing the entrance of atmospheric air, be any longer sanctioned?

I need not adduce further proof of the success of a practice in opposition to one, which, though old and venerated, must nevertheless yield to the test of scrutiny and observation. I submit these remarks on the innocuousness of atmospheric air entering the pleura as well as the other serous membranes, to the professional reader, fully convinced that pure air—our most important of the *pabula vite*—is not only not the enemy of the surgeon, but rather his friend and helpmate. Air does not compress the lung nor inflame the pleura when admitted to its cavity; it does no more injury to pleura or lung than it does if admitted to the interior of large abscesses when opened. It is true, that large collections of matter, the consequence of deep-seated organic disease, when freely opened, will hasten the dissolution of the patient, as in psoas abscess and some others. Yet, even in these instances, it is not the admittance or admixture of air in these cavities which, by changing the quality of the pus, or increasing its quantity, destroys the patient, but the exposing a large secreting surface of pseudo-plastic membrane, whose vessels, on the evacuation of the contained matter, being freed of the pressure and support of the superincumbent pus, are excited to action, and pour out their secretions in increased quantity and altered quality, on the same principle as an ulcerated surface on the skin, lined with exuberant granulations, will secrete unhealthy matter profusely until supporting dressings close the mouths of the secreting vessels, restrain the growth of the granulations, and thus convert it into a healthy sore, ready and able to cicatrise kindly. Air does not vitiate the matter in large abscesses;

but want of support to the lining secreting membrane of their interior allows the pus to degenerate in quality as well as augment in quantity. The patient sinks exhausted by the profuse and continued drain from the system, as much as from long protracted hæmorrhage.

CASE OF BURN IN A NEWLY-BORN INFANT, RESULTING IN LOSS OF THE HAND.

By WM. VALENTINE BIRD, M.D., M.R.C.S., Seacombe.

SOME time ago, a person called upon me to request my immediate attendance at his house. From his excitement of manner, I concluded that something of great importance had occurred, and begged to be informed of its nature. His reply was: "I cannot tell you now; you must judge for yourself when you come." I was shewn into the presence of a girl, aged 18, with a blanched face and anxious countenance, and who, upon examination, I found had been recently delivered. I then demanded the child, which I perceived had had its hand burned to blackness.

Her mistress informed me that when she got up that morning she observed her servant looking very ill, and inquired what was the matter; the reply of the girl being, "Nothing, ma'am; I shall be quite well when I have had a little coffee." Not feeling satisfied, she repaired to her servant's bed-room, and there discovered that the floor had been stained with discharge, which had evidently been recently washed. Her suspicion being thus aroused, she accused the girl of having been confined; and upon asking to see the child, was directed to an immense stove, wherein it had been thrust.

I ordered lime-water for the hand, and simply a mixture of infusion of gentian and tincture of opium to be taken every four hours. The sloughing process continued for a month; at the end of which period, I had merely to pass a knife and disentangle the head of each metacarpal bone, and amputation of the hand was completed. I may remark, that the child took the breast greedily, together with large quantities of mutton broth, to which, and to the soothing effects of the medicine, I entirely attribute its recovery; notwithstanding the opium, however, the slightest movement of the hand caused the poor little thing to scream for hours. It was taken from the neighbourhood in two months with a neat little stump, which it brandishes as a constant memento of its mother's cruelty.

REMARKS. The case presents some points of surgical and medico-legal interest, inasmuch as it shows what nature, when assisted, will do in the system of a child so young, and because it affords an additional example of what women, after delivery, are capable of performing. Here we have a young girl delivering herself, washing her own floor (without any binder on, by the way), exhibiting precaution by descending a deep cellar to hide her soiled things, undergoing the anxiety and excitement of destroying her child, with the fear of detection upon her mind; and, joined with all this, the bodily fatigue of changing her clothes, and presenting herself before her mistress as one "quite well", and yet without the occurrence of bad symptoms, or hæmorrhage. So much for emotional feelings in connection with flooding.

The case also leads to this important inquiry—How far are medical men justified in concealing facts, when those facts, although connected with crime, are committed to us in confidence? If permissible, I will quote a few lines from a very sensible leader in last year's JOURNAL, relating somewhat to this inquiry:—

"It is a significant fact, that whereas the professed disciples of auricular confession have every now and then, from time immemorial, been accused of betraying their trust, and have embroiled themselves in intrigues by their compulsory enactments with their followers, no such sweeping condemnation has ever attended the ministry of the medical man. The natural confessions, so to speak, that flow into his ears, the revelations that are necessarily made to him by his own personal observation at the bedside, and the arcana of domestic life that are willingly unfolded to him by virtue of his position, stamp him as a catholic trustee of the hidden things of the conscience. Jew, Turk, infidel, and heretic, alike make him the depository of their sorrows; and we believe his reputation, as a confessor, is seldom impugned, because the attributes which pertain to that character are an inseparable condition of his professional existence."

December, 1859.