

and deep cauterization that had been used. Slitting up the sheath, I lifted the nerve fairly out, and tried to raise the limb from the table by it. It came up into a loop, with a curious elasticity and a feeling as if a little more would pull it all up by the roots.

Keeping in a large drainage-tube quite down to the nerve-sheath, I stitched up the wound, which had been dressed with antiseptic precautions, and gave no more trouble. I had the patient under observation for three months, during which time he had not a twinge of his old pain, and he was ordered to return if he ever felt anything. He has not done so.

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ARTICLE V.—*Case of Lacerated Wound of the Axilla (under the care of Mr Joseph Bell).* By ROBERT KIRK, M.B.

THAT bloodvessels have a most fortunate tendency to escape injury, even when the wound which threatens their rupture is directly in their course, is a fact which has been noticed by surgeons for ages, and in support of which cases are cropping up with considerable frequency. The following case is one in point, and being the result of a rather curious accident, the facts, as noted in the ward journal, will be given in full:—

T. F., æt. 12, was admitted to ward R.A. on 3d March 1877 in a state of coma, suffering from a lacerated wound of the axilla, and a punctured wound of the left eyebrow.

The history of the case was as follows: The patient, along with some companions, had been trying to outdo one another in feats of strength and daring on the various trapezes and bars in the Royal Gymnasium. The Giant's Swing, a huge see-saw, either end of which rises alternately to the height of forty feet, seemed to have raised in the little fellow's mind the idea that in it he had the means of laying claim to be the most daring of the group. Accordingly, he got inside the wooden paling which encircles the springs on which the end cushions, so as to lessen the jolt which would otherwise occur on the swing hitting the ground, and, catching firm hold of the end of the swing, signalled to his companions to raise him into the air. This was done, and he had been raised to the very top, when, either from the jolt, or from his losing his presence of mind, he let go, and, falling on the paling below, was impaled by one of the spikes, which broke off close to his body. He then fell to the ground, the second fall no doubt being that by which his head was injured. A policeman, seeing the accident, rushed forward and tried to withdraw the spike, fortunately without success.

On admission, the patient was comatose, the pulse slow and feeble; the eyes were almost insensible to light. The wound on his eyebrow was first examined, and was found to pass down to the

bone. The oozing from it was easily stopped by pressure. A piece of wood was seen penetrating the vest under the left axilla, and a hard mass was felt in the neck. The whole of the clothes were therefore cut away carefully, and the position of the stick was determined. Entering the skin at the level of the fourth rib, it could be traced upward into the axilla, and again between the clavicle and scapula up into the neck, where the point was felt behind the sternomastoid midway between the shoulder and ear. The radial pulse was rather weaker on the left side than on the right, but not more so than could easily be accounted for by the pressure. A couple of jagged edges protruded from the wound, and these being laid hold of, Mr Kirk, with very considerable difficulty, succeeded in withdrawing the piece of wood, which measured eight inches long, two and a half inches broad, and three-quarters of an inch thick. It tapered for about two and a half inches, and on the point the portions of clothes which were carried into the wound remained. These consisted of a portion of a jersey, flannel shirt, and the inner and outer lining of the vest. On the withdrawal of the piece of wood a large clot of blood escaped, but no hæmorrhage occurring the wound was thoroughly washed out by means of a gum-elastic catheter attached to a powerful syringe with a solution of 1-20 carbolic acid. Two drainage-tubes, each six inches long, were introduced into the wound, no attempt being made to bring the edges together, as the amount of bruising was so great that sloughing of the skin seemed to be almost certain. The axilla was then padded with loose gauze, and the whole was enveloped in a large antiseptic dressing. Next morning patient had regained consciousness, the vomiting had ceased, and he had little or no pain. His pulse was 90, and his temperature 99.2°. When the dressings were changed, a considerable quantity of serum was found to have exuded into them, but there had been no bleeding, and there was no trace of inflammatory redness. The right arm was almost completely paralyzed; the movements of both legs, however, were normal.

Day after day the wound contracted in size, necessitating the removal of portions of the drainage tubes, and as they decreased in size, the quantity of discharge also proportionately decreased. The carbolic dressing was discontinued on the twenty-second day, boracic dressings being substituted, on account of the former having caused some irritation of the skin from being applied in a very strong solution.

On 1st April he left the hospital, and returned occasionally to get dressed, and on 16th April the wound had quite healed, without having ever excreted a single drop of pus, or having caused any pain whatever.

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