GLAZEBROOK (L.)

Stab-wound of the heart.

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STAB-WOUND OF THE HEART.[1]

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MY attention has just been called to an article which appeared in THE MEDICAL NEWS, October 27, 1894, by Dr. J. R. Church, of Washington, D. C., entitled "Gunshot-wound of the Heart." A short time before reading his paper I reported to the District of Columbia Medical Society a case of stab-wound of the heart, with specimens.

As operations have been performed with success upon the heart in such a serious set of injuries as from gunshot-wounds, I am sure the chances for success are far greater in simple incised wounds. Our journals often contain notes with reference to the length of time a patient will survive wounds to such an important organ as the heart. We also have been taught the sad lesson that non-interference in such cases means death to our patients. Now, with these two important points before us, I cannot see why operators are so slow in giving the patient the only chance for his life by surgical interference.

C. J., thirty years of age, colored, of powerful physique, was admitted to the Freedmen's Hospital, February 5, 1895, at 12.30 A.M. Upon examination by the surgeons, an incised wound was discovered one inch above the left nipple, three-and-one quarter inches to the left of the median line, the incision being two-and-one-quarter inches in length, and its direction being parallel to the third rib. The man's general condition was pronounced "fair," and the wound was examined. It was impossible to trace its depth further than the third rib, although

[1] Specimen and paper presented to the District of Columbia Medical Society, February 16, 1895.

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probing was resorted to; it was, therefore, considered a simple wound, and dressed accordingly. Twelve hours later symptoms of internal hemorrhage were noticed, and at 8 A.M., February 6, 1895 the man died. The patient had survived the injury thirty-two hours. I was called upon in an official capacity, and three hours after death performed a necropsy. The stitches being removed and the wound enlarged, I followed its direction downward to the third rib. I then removed the rib and found an oblique incision, three-quarters of an inch in length, through the cartilage-end of the rib. It was with difficulty that I could separate the incision, it having closed immediately upon the withdrawal of the instrument. A similar wound was next found in the pericardium, and upon examining the heart I found a clean incised wound half an inch in length directly into the right ventricle, the endocardial wound being three-eighths of an inch long. Both the pericardium and the left pleura were distended with fresh blood and large clots. Later, after passing three superficial sutures through the incision, I tested the cavity with fluid and found it to be sufficiently repaired.

The important feature in this case was the inability to make a diagnosis, the cartilage-wound being the only wound into the thoracic cavity, and this closed tightly upon the withdrawal of the instrument, preventing even the escape of blood and also misleading the surgeons in their subsequent examination. The case, however, will exemplify the importance of carefully examining all wounds in the neighborhood of such important organs, even though externally they may appear trivial. With a patient in as good condition as this one was upon his admission into the hospital, there is no question that if an operation had been performed at once, living, as the man did, for thirty-two hours, his life might have been saved. I have reported this case with the hope that it may impress upon those who see such cases, first, the great importance of a careful diagnosis; and, second, the belief that if such a wound be sutured life will be saved.