that the pseudocholinesterase deficiency in our patient was due to amoebic liver disease.

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Fatal Stab-wound by Column Gear-change Lever

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This account describes an unusual fatal car injury which could have been avoided by better car design or the use of a safety belt.

CASE REPORT

A 35-year-old woman and her husband were brought to the receiving-room of the Leeds General Infirmary at 11.45 p.m., having been injured in a motor-car which was involved in a collision half an hour previously. The husband had been driving and was allowed to go home, being only slightly hurt. The woman had been sitting next to the driver's seat, and she appeared to be perfectly well except for a 10-cm. horizontal full-thickness skin cut to the left of her left knee, and a 2-cm. irregular vertical cut in the skin 6 cm. below the junction of the outer third and inner two-thirds of the right clavicle. She was conscious and co-operative, her pulse, respiration, and blood-pressure were unremarkable, and she did not complain. She had no apparent fractures, no head trauma, and no pathological signs in the C.N.S. apart from amnesia of the accident.

On account of the skin laceration of the chest, and since there was some tenderness just medial to it, the chest was radiographed. This showed increased opacity of the whole of the right lung field which was thought to be due to a right haemothorax. A thoracic surgeon was about to be consulted when, two hours after the accident, the patient suddenly collapsed. She was intubated and intravenous blood administered, but the presence of an apex beat was doubtful. The right side of the thorax was opened and numerous clots were removed from the medial side of the right lung and a tear of the right atrium was found. Continued resuscitation was unavailing and was abandoned as the patient died.

At necropsy death was found to be due to haemorrhage from a stab wound which tore the right pulmonary artery. The wound started at the skin of the chest, as already described, and penetrated the chest wall obliquely, passing medially and downwards. The second intercostal space was perforated and the second rib above the perforation was fractured at three places, the two fractured pieces being "stove in." The wound continued through the middle of the right upper lobe, perforating it medially near the hilum, and the final injury was a 1-cm. tear of the right pulmonary artery as it entered the hilum. On account of the obliquity of the wound through the chest wall, it was self-sealing and pneumothorax did not occur. Apart from the skin laceration at the left knee there were no other injuries or sign of disease.

The reason for a wound of this sort as a result of a motor-car injury was obscure and the police were informed. At the coroner's inquest, however, it was established that the woman had been thrown by the collision against the gear-lever which was mounted on the steering-column (Fig. 1). This projected about 4 in. (10 cm.) from the rim of the steering-wheel. The outer 3 in. (7.5 cm.)

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of the lever consisted of a plastic spindle-shaped handle, which is shown in Fig. 2 together with the laceration it caused in the skin from the chest.

FIG. 1.—Interior of car showing gear lever on steering-column.

FIG. 2.—Skin from right upper chest showing stab-wound and the handle which caused it.

Had the car been in a different gear when the collision took place this fatality would have been unlikely. It would have been completely avoided if a safety-belt had been worn, if the gear lever were floor-mounted, or if the lever had had a blunter end.

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