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TWENTY CASES OF GUN-SHOT WOUNDS.

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{ UNITED STATES GENERAL HOSPITAL, HILTON HEAD,
PORT ROYAL, S. C.

MESSRS. EDITORS,—In one of my former communications to your JOURNAL, I gave a short description of this Hospital, together with a report of some of the most important medical and surgical cases which had been treated here since it had been opened for the reception of patients. The surgical cases then referred to were composed chiefly of the soldiers who were wounded in the battle on James Island, which took place on the 16th of June last. I now propose to give you a brief sketch of a few of the cases of men wounded in the battle of Pocotaligo, October 22d, and afterwards sent to this Hospital.

VARIETY OF WOUNDS.

Amongst a large number of soldiers wounded in a battle, there must of necessity be a great variety in the character of the wounds received, arising from the locality of the injury as well as from the kind of weapon by which the wound has been inflicted. When the different kinds of missiles used in war have been hurled into the ranks of opposing armies, the buck-shot, the slug, the rifle and the Minié ball, the grape-shot, the cannon ball and the shell, all show the work they have performed, when we examine a great number of wounded men brought into a military hospital after a battle. The effects of the bayonet and the sabre are less frequently encountered. The results in this battle were not different from the usual experience under such circumstances. A classification of the wounded might have been made with reference to the kind of instrument by which the injury had been inflicted, but in cases where the ball has not been found it is not easy to discriminate. It is better, therefore, to consider the different kinds of wounds with reference to their anatomical relations.

WOUNDS OF THE HEAD.

I.—Wm. Kay, Co. F, 7th Connecticut, when brought into the Hospital was partially insensible. There was a wound in the scalp on the left side of the head, and that side of his face had a tumefied, contused and purple appearance. His left eye was swollen and closed, though he was still sensible to external impressions, would awake

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when an attempt was made to arouse him, and then his right eye became bright and intelligent. On a careful examination, it was found that he had a fracture of the cranium; that some kind of missile had struck him on the left parietal bone, near the angle where the parietal, frontal and temporal bones meet; that it had broken the parietal bone, but without entering the cavity of the cranium; had passed downwards, fracturing the temporal, malar and superior maxillary bones in its passage. On placing the hand below the inferior maxillary, which was covered by a heavy beard, a large protuberance was felt, which was movable, and had the feeling of a foreign body. On cutting down upon and extracting it, I found it to be an iron ball more than an inch in diameter, and which was afterwards ascertained to weigh nearly four ounces avoirdupois. He lived, after this ball had been extracted, over fifteen hours. The time when he received the wound could not be very accurately ascertained, but according to the most reliable accounts from his comrades, it was early in the battle, which took place on the 22d, and probably about forty-eight hours before his death. The matter of surprise is, that such a wound did not prove immediately fatal.

II.—Gottlieb Feisel, Co. K, 47th Penn., had received a wound of the scalp on the left side of the head, extending backwards across the suture connecting the frontal and parietal bones. About one inch of the length of the wound in the scalp was over the frontal, and two inches over the parietal bone. The wound, which appeared to have been inflicted by the fragment of a shell, was cut down clean and the bone laid bare. The head was shaved, and the edges of the wound were brought together and secured by sutures and adhesive straps, over which cold-water dressings were applied. His mind was perfectly clear, and no bad symptom appeared until the morning of the 27th, when he had a convulsion. He was immediately brought into the operating room, and, on making a cross incision and dissecting up the flap, I discovered that the parietal bone was fractured and a portion of it depressed. I applied the largest-sized trephine, partly over the sound and partly over the depressed portion, and through the opening a triangular fragment, nearly an inch in one diameter and an inch and a half in the other, of splintered and depressed bone, from the inner table, was extracted. The dura mater was not torn. The symptoms of compression immediately disappeared. For the first four or five days after the operation everything appeared to indicate a happy termination and to afford a fair prospect for his recovery, but symptoms of an unfavorable character then made their appearance, and he died from inflammation of the brain on the 9th of November.

WOUNDS OF THE TRUNK.

III.—Edward S. Smith, Co. F, 7th Conn., was wounded by the fragment of a shell, which struck him on the shoulder, over the scapula of the right side, and tore away the integuments and muscles down to the bone, inflicting a ragged wound, nearly circular, of full two and a half inches in diameter. It was found that the spine of the scapula was injured, and I removed several small pieces of bone from it. Some sloughing took place, which was removed by the application of a poultice. After a short time, healthy granulations appeared, and the wound healed rapidly, except in one place over the spine of the sca-

pula. On examination, it was found that a piece of that part of the bone, about an inch in length, had exfoliated, and was easily removed. The wound then healed rapidly, and on the 19th of November, less than a month after the injury had been inflicted, he was able to return to his regiment. This patient was a young man, of temperate habits, great physical endurance, and of hopeful mental constitution. All these circumstances contributed, no doubt, to the very favorable result in his case.

IV.—Wm. Zeigler, Co. I, 76th Penn., was struck by a round ball, which entered the left arm on the external side, a little below the shoulder-joint, and passed through transversely in front of, but without injury to, the bone. The ball entered the side immediately on its exit from the arm, and, striking against the fourth rib, glanced backwards and downwards, and was found lodged under the skin between the spinous processes of the fifth and sixth dorsal vertebrae. It was removed by cutting down upon it, the day after the battle. The whole track of the ball was not less than fifteen inches in length. Two or three small pieces of bone were removed some time afterwards, which had probably exfoliated from the fourth rib, where it had been first struck by the ball. The wound, though so extensive in its character, did not produce any severe constitutional symptoms, and healed rapidly.

This wound, though the track of the ball is less extensive than has often been met with in other cases, affords a good illustration of the erratic course which such missiles sometimes take when meeting with trifling obstructions. It will be observed that, after passing through the arm and striking against the fourth rib, the ball turned backwards, almost at a right angle to the course in which it had been previously moving.

At the time Zeigler was admitted into the Hospital, and after the wounds already described had received proper attention, it was observed that there was a slight wound on the top of the right shoulder. It had the appearance of a scratch inflicted by some missile which had passed across the shoulder horizontally, just grazing the skin. A simple dressing was applied, and in a few days it had perfectly healed, and of course it excited no further attention. About a month afterwards, however, he informed me that he felt a "hard lump" on his back, below the right shoulder-blade. On examination, I discovered a foreign substance lodged pretty deeply amongst the muscles, just below the inferior angle of the scapula. On cutting down upon it, I found, to my surprise, a Minié ball, nearly an inch in length, which I extracted. It must have passed from the wound on the top of the shoulder under the scapula, and lodged in the place where it was found, more than six inches from the point of entrance. There had been no pain, no inflammation, no difficulty in moving the right arm or shoulder, and the patient was not aware that he had been wounded on that side. He told me afterwards that after he had received the wound in the left arm and side, he fell out of the ranks and laid down in a thicket of bushes, where he heard the balls whistling about him, and that he supposed he must have received the second wound while lying there on his face, though he was not then aware of it. This statement was no doubt correct, as the course of the ball indicated that the

wound had been inflicted while he was in a recumbent position, with his head towards the enemy.

Notwithstanding these wounds, the patient recovered rapidly, and at the end of about six weeks he was reported fit for duty, and on the 2d of December returned to his regiment.

WOUNDS OF THE EXTREMITIES.

Upper Extremities. V.—Wm. Boone, Co. G, 55th Penn., had received a wound from a Minié ball, which struck the anterior part of the left arm, about the upper third of the humerus, and passed transversely directly through, fracturing and comminuting the bone. The orifices in the soft parts were very large, and I removed the fragments of the broken bone through the openings without enlargement. The wounded limb was then placed on an angular splint and permitted to remain in a proper position, in the hope that the efforts of nature might be able, to some extent, to repair the injury, and that the limb might be saved. For several days afterwards, the wound appeared to be doing well, but the inflammation continued to increase, the suppuration became very copious, and the patient's strength was gradually failing. External applications, with nourishing diet and stimulants internally, having proved unavailing, it was decided to amputate the limb. After the operation no reaction took place, and he died on the 12th of November.

Perhaps one of the most difficult problems which a surgeon has to solve, is that of determining whether a primary amputation should be performed in such cases as the above or not. In the true spirit of conservative surgery, he is desirous to spare an operation and to save a limb whenever it is possible to do so; but when the attempt proves unsuccessful, he is led to regret the course which has been pursued. It is quite probable that in this case an operation immediately after the accident might have saved the life of the patient.

VI.—Nathan George, Co. B, 47th Penn., had received a wound from an iron ball, one inch in diameter and weighing nearly four ounces, which struck the right arm on its external face, about two inches above the elbow-joint. The course of the ball tended slightly upwards, and the point of exit on the inside of the arm was about one inch higher up than the point of entrance. On examination, it was found that the os humeri was fractured, splintered and comminuted. The case was considered a favorable one for resection of the bone. An incision about five inches in length was therefore made on a line with the length of the humerus, and, passing through the wound made by the entrance of the ball, was carried down to the bone. I removed several pieces of bone, varying from half an inch to two inches in length. The end of the lower, and also of the upper fragment, was cut off by the chain saw, immediately beyond the point of injury in each, the lower fragment being cut off as low down as could be done without injury to the elbow-joint. About four inches of the length of the humerus was removed. Only one artery, and that a cutaneous one, required a ligature. The wound was then closed with sutures and adhesive straps, and the arm was placed on an angular splint.

After the operation there was no violent inflammation or extensive suppuration, and for several days there was every prospect of a favora-

ble result. The patient was then suddenly seized with a violent pain in the right side and in the abdomen, for which the remedies applied afforded but a temporary relief. He lingered till the 13th of November, and then died. On a *post-mortem* examination, it was found that a large metastatic abscess had been formed in each lobe of the liver.

It is well known to surgeons that metastatic abscess of the liver, or of some other of the internal organs, is one of the most frequent causes of death after important operations. In this Hospital, that termination has occurred in several instances. Perhaps it happens more frequently in warm climates than in temperate latitudes.

VII.—Peter W. Stocksleger, Co. H, 47th Penn., was wounded by a Minié ball, which struck the anterior portion of the left arm, about two inches above the elbow-joint, passed obliquely upwards and backwards, and went out on the posterior portion of the arm, about two and a half inches higher up than the point of entrance. The humerus was of course fractured and extensively comminuted. There being no reasonable probability of saving the arm, it was determined to amputate it. I performed the operation by the circular flap, immediately above the highest point of injury. No bad symptoms followed, and the stump healed with unusual rapidity. He was discharged on the 23d of December.

Fore-arm. VIII.—Wm. Kieff, Co. A, 7th Conn., wounded in the left fore-arm by a Minié ball. It entered about the middle of the arm, just at the external edge of the radius, and passing outwards and backwards, went directly through the ulna without injury to the radius. The ulna was considerably shattered and comminuted, as is nearly always the case when a bone is struck by a Minié ball. After the removal of the splinters and pieces of comminuted bone as far as possible without enlarging the wound, the arm was placed in a splint and dressed in the usual way. For a time there was a good deal of inflammation, but by the steady application of cold-water dressings and other remedies, and after one or two pieces of exfoliated bone had been removed, the excessive inflammation was subdued. It was found, however, that the ends of the bone had not united after six or seven weeks from the time the injury had been received, though some callus appeared to have been formed. The case is still under treatment, and there is some prospect that bony union will finally take place.

The reason why bones fractured in gun-shot wounds do not, as in this case, readily unite, seems to be that the vitality of the bone and periosteum is destroyed, often for a considerable distance from the point of fracture. Consequently, when a callus is formed, the dead bone is involved in it, which must be separated before a firm union can be accomplished.

LOWER EXTREMITIES.

Femur. IX.—Wm. Soly, Co. C, 7th Conn., had received a wound exactly in front of the left thigh, about two and a half inches above the knee-joint. The wound had the appearance of having been inflicted by a Minié ball, which had fractured and comminuted the bone without passing through the limb. The ball had struck a little on the inside of the centre of the shaft of the bone, and had fractured and comminuted that side, while the outside of the bone had only received a transverse fracture, leaving the length of the bone on that side undiminished. The fragments, one of them more than an inch in length, I

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removed without enlarging the original wound, and the limb was then placed in Physick's Desault's splint, with just sufficient extension and counter-extension to bring the ends of the fractured bone into apposition, in the hope that a callus might be formed and that bony union might take place in the usual way. For a few days the patient was in good spirits, and appeared to be doing well, but a streak of lymphatic inflammation was then observed to be running from the wound up the limb; delirium came on, and he died, on the 9th of November, with the usual symptoms of pyæmia. In this case it is possible that an operation might have been successful, but it is understood amongst surgeons in our military hospitals that the results of amputations above the knee have not been so encouraging as to favor that practice when there is any probability that the life of the patient may be saved in any other way.

X.—Comly Idall, Co. F, 47th Penn., was wounded in several places: 1, The bone of the right thigh was broken about the upper third. 2, A gun-shot wound in the internal side of the same thigh, near the scrotum. 3, A gun-shot wound in the internal side of the left thigh, very high up, just below the scrotum; the ball entering at that point and passing backwards and downwards, came out posteriorly about the middle of the thigh. This wound was probably inflicted by a Minié ball. 4, A wound from a grape-shot, which passed transversely through the calf of the leg at its thickest part, immediately behind the bones, but without injuring them. 5, A buck-shot probably had passed through the dorsum of the penis, but without injuring the urethra.

On a careful examination of the wound on the inside of the right thigh, it was found that a grape-shot, more than an inch in diameter, had entered there, and, after having passed downwards and backwards, had fractured the right thigh bone, against which it was found embedded. After the extraction of this grape-shot, the wounds were all dressed, and the fractured limb placed in Physick's Desault's splint. After such complicated and extensive injuries, little hope of a favorable result could be entertained, and notwithstanding all our care and attention, he gradually sunk under the number and severity of his wounds, and died on the 30th of October.

XI.—Frederick Kiell, Co. K, 47th Penn., was wounded in the right thigh by a grape-shot, which struck the limb about three inches above the anterior portion of the external condyle, and passed through transversely to the posterior internal side of the limb about an inch higher up than the point of entrance. The os femoris was broken and comminuted, but not extensively splintered. The ball had passed in front of, but very near to the femoral artery. The splinters and loose pieces of bone were removed without enlarging the wound, and I then placed the limb in Physick's Desault's splint. The patient was young and vigorous, and though the fever which resulted ran high and the suppuration afterwards was very profuse, he bore it well and retained a cheerful spirit. After six or seven weeks it was found that the bone had united by callus, though the suppuration still continued, and the external wounds showed very little disposition to heal. About this time his life was placed in imminent jeopardy by a little precipitation on the part of the nurse in attempting to move the limb, which was done in such a manner as to throw the strain on the point of fracture.

This was followed by very severe pain which continued for some days, and was then succeeded by erysipelas which attacked the whole limb below the wound, even to the ends of the toes, and the thigh for some distance above the wound. After a few days, however, the erysipelas subsided and his general health began to improve. The wound still continues to suppurate freely, and there can be no doubt that there are pieces of dead bone involved in the callus, which will be finally thrown off, if he is able to bear the process without sinking under it. He is still under treatment, with a fair prospect that his youth and good constitution may finally enable him to recover from the effects of his injury.

XII.—Lewis Miller, Co. K, 47th Penn., was wounded by a Minié ball, which passed through the fleshy part of both thighs transversely behind but near to the bones above the upper third of each limb. Very fortunately, neither of the femoral bones was injured nor any important artery or nerve divided. Though the ball made a large opening in the course of its track, the wounds were not subsequently attended by any very great amount of pain or inflammation; on the contrary, they healed rapidly, and on the 2d of December the patient was able to return to duty in his regiment. This case affords a good illustration of the readiness with which flesh wounds sometimes heal, and of the small amount of inconvenience which may afterwards remain, though very extensive and severe.

XIII.—James Leitzinger, Co. A, 55th Penn., was wounded by a round ball which entered the inside of the left thigh high up, near the groin, a little behind the course of the femoral artery, perforated the fleshy parts without injury to the os femoris, and passed out nearly transversely on the other side, a little below and behind the trochanter major. The same ball slightly wounded the dorsum of the penis before entering the thigh. This wound was followed by very high inflammation and great constitutional disturbance—the pulse remaining at over one hundred and fifty for several days, notwithstanding all our efforts to subdue the inflammation and quiet the circulation. At last an extensive slough took place on the inside of the thigh of the wounded limb, but not connected with the track of the ball. By a free use of stimulants and nutritious diet, he passed with difficulty through this process, and then gained strength, when both the original wound and the sloughing surface began slowly to heal, and he finally recovered without any subsequent difficulties. He was a young man of very fair complexion and delicate constitution, and had been accustomed to a free use of alcoholic beverages. The wounded limb remains contracted and unavailable, to a great extent, for the purposes of locomotion. It is not very probable that he will ever regain a free use of it.

XIV.—John Hasseneau, Co. B, 6th Connecticut, was wounded by a Minié ball which struck the inside of the right thigh, high up, near the scrotum, and entering near the tendon of the adductor longus muscle passed downwards and forwards, coming out in front of the thigh about two inches above the internal angle of the base of the patella. It is quite surprising that the femoral artery should have escaped injury, as the course of the ball must have been for several inches very near to, and almost parallel with it, and finally, about the middle of the thigh, must have crossed the course of the artery by

passing either between it and the bone or through the muscles outside of, and in close proximity to the artery. The os femoris was not injured. The wound suppurated freely, but notwithstanding its great extent no very high inflammation took place. The patient, however, suffered a great deal of neuralgic pain in the leg and foot. There was no loss of feeling in the lower portion of the limb at any point below the wound, so that no large nerve could have been severed, but some of the smaller nerves must have been injured, which led to the manifestation of this pain in the extremity of the limb. The wound healed slowly, though without any other anomalous symptoms, and the neuralgic pains have considerably abated; but there is very little ability to extend the limb or to bring the foot to the ground, and it must be a long time, if ever, before the leg becomes very useful for locomotion.

XV.—Wm. F. Fink, Co. F, 47th Penn., was wounded by a round ball which struck the left thigh near the middle, directly in front, and passing upwards, outwards and backwards, came out posteriorly through the lower part of the glutei muscles near to, but above the tuberosity of the ischium on the same side. The track of the ball, in a direct line, was about fourteen inches; measured externally, it was two or three inches more. Neither the thigh bone nor any other bony structure received injury, nor was any important nerve or artery severed. Though a wound of such a great extent was necessarily attended with a good deal of pain and soreness, yet there was no high inflammation or constitutional disturbance. The wound healed rapidly, and the limb had almost regained its original usefulness, when, on the 21st of November, he returned to duty in his regiment.

XVI.—Charles Lefler, Co. C, 47th Penn., was wounded, probably by a round ball, which entered the external side of the right thigh and passed transversely through behind the bone and in close proximity to it. The bone itself, however, sustained no injury, neither was there any laceration of important nerves or bloodvessels. The wound was a little higher up than the middle of the thigh. At the end of about ten days a pretty large slough was removed from the whole track of the ball. The discharge of pus was rather profuse, though the character of it was good, and the wound gradually healed. No adhesions were formed by the healing of the wound which interfered materially with the action of the muscles, and it is quite probable that he will finally regain a perfect use of the limb. He returned to his regiment on the 19th of November.

It may be observed that when a ball passes through a very thick muscular portion of a limb, as the thigh or calf of the leg, the free use of the limb, after the healing of the wound, is much more likely to be regained than when some of the tendinous portions are involved in the injury.

THE LEG.

XVII.—Charles Bischoff, Co. K, 47th Penn., was wounded by a grape-shot which struck the left leg about the middle of the tibia, just at the crest of that bone, but glancing off a little externally, passed round the fibula and came out posteriorly nearly opposite the point of entrance. At the first view of the point of entrance and of exit of the ball, it appeared as though it had gone directly through, and that

both of the bones of the leg must have been fractured. On examination, however, I discovered that neither the tibia nor fibula had sustained any material injury. No bad symptoms, either local or constitutional, intervened, and the wound healed as rapidly as could have been expected when the perforation was made by so large a ball. It frequently happens that when a ball passes near a bone, scraping it perhaps, the bone along the track of the ball is killed, and though not fractured, exfoliation takes place before the wound heals. It is remarkable, however, in this case, that though the ball, large as it was, struck the tibia where it is covered by scarcely anything except the skin, and consequently must have grazed that bone if not the fibula also, no exfoliation of either of the bones took place, and that the wound healed as rapidly as such wounds usually heal when there is no bone involved in the injury. He returned to duty in his regiment on the 2d of December.

XVIII.—George Hahn, Co. E, 47th Penn., was wounded by a round ball which entered the left leg near the external inferior portion of the patella, and passing backwards behind the upper extremity of the fibula came out posteriorly nearly opposite the point of entrance. None of the cavities of the joint were opened, and no extraordinary swelling or inflammation was developed. The wound healed without any bad symptoms, and on the 21st of November he returned to his regiment.

This case, as well as the preceding one, affords a good illustration of the manner in which balls will sometimes pass round important parts without inflicting severe injury. In either of these cases, if the ball had passed in a straight line directly through from the point of entrance to the place of exit, the wounds inflicted, instead of being comparatively unimportant, must have been of the most serious description, and consequences of the gravest character must have ensued.

XIX.—Henry H. Hoyt, Co. D, 6th Connecticut, had received a wound from a grapo-shot which had passed through the ankle-joint, from within outwards, just below the lower extremity of the tibia and fibula, injuring more or less all the tarsal bones, and of course exposing the cavity of the joint extensively. Amputation was consequently the only resource, which I performed by the flap operation about the lower third of the leg. The patient, though of a feeble constitution, was not greatly prostrated, though he was not of a hopeful disposition, and was constantly predicting that he should not recover. The appearance of the stump, however, was satisfactory till the morning of the fifth day, when it was attacked with gangrene, which gradually progressed till it reached nearly to the knee, though no line of demarcation was formed. He died on the 30th of October.

The above was the only case of gangrene which occurred in any of the wards under my care. Very few of such cases have ever occurred in this Hospital, owing, probably, to the superior ventilation it enjoys, arising from the situation of the building near the surf on Port Royal Harbor, from which a fine sea breeze is constantly blowing through it.

THE FOOT.

XX.—David C. Hayes, Co. A, 4th N. H., was wounded by a Minié ball, which passed through the left foot. The ball struck the dorsum and penetrated through to the sole of the foot, passing out nearly op-

posite to, but a little nearer to the toes, than the point of entrance. The ball passed between the second and third metatarsal bones near the middle of their length, taking a slight inclination downwards, as above described. It had an appearance as though the foot had just been raised to take a step when it was struck by the ball. The probe could be passed clear through the wound, following the track of the ball without difficulty, and it did not appear from the exploration which could in that way be made, that the bones were much comminuted or splintered. Cold-water dressings were kept constantly applied in the usual way, and for several days the patient appeared to be doing well. In the course of about a week, however, he complained of violent pain in the wounded extremity, which began also to swell and to exhibit other evidences of high inflammation. A streak of lymphatic inflammation extended up the limb. The patient was also affected with muttering delirium, attended by dulness of hearing. Under these circumstances it was decided to amputate the foot, which I performed by Syme's operation. On dissection of the wounded foot, it was discovered that a longitudinal fracture of one of the metatarsal bones had extended up through its upper extremity, thus opening the cavity of the tarso-metatarsal articulation, in which it was perceived that the point of the most intense inflammation existed. This discovery explained the cause of the aggravated character of the train of symptoms which had taken place, the mere passage of a ball through the foot being considered scarcely adequate to produce such a result. We were disappointed, however, in our hopes that the operation might be successful, and the patient died on the 12th of November, with all the symptoms of pyæmia.

CONCLUSION.

The foregoing cases have been selected from a large number of the wounded in the different wards of this Hospital which have been under my care, and I therefore present them as a record of my own individual experience in the treatment of gun-shot wounds. It would have been easy to have greatly extended them by the addition of a number of other cases possessing equal interest and instruction with those I have here presented, but I fear I have already exceeded the limits I ought to have observed in relation to space in your JOURNAL, without reference to the exhaustion of the patience of your readers.

It is my intention in a few days to proceed North, and probably I shall not return, at least for the present, to this Hospital, which I leave, however, with much regret on account of the many pleasant and friendly associations I have formed here with those engaged in the management of it. For the present, therefore, I shall take leave of you from this place. As I am desirous, however, to do all I can to alleviate the sufferings of the victims to this wicked rebellion, I shall, as soon as my own health is a little recruited, again continue to render my professional services in some place further North, which will agree better with me; and then if I meet with anything worth recording, I shall again send it for insertion in your JOURNAL. Till then, I shall remain

Very respectfully yours,

THOS. T. SMILEY, M.D.

December 24, 1862.