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A FEW CASES OF EXCISION OF ELBOW- AND SHOULDER-JOINTS,
DONE AT HAMMOND GENERAL HOSPITAL, POINT
LOOKOUT, MARYLAND.

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[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I had prepared a synopsis of a few cases of excisions, which came under my immediate observation while at Hammond General Hospital. The record has been approved and sent on with others to the Surgeon-General. It occurred to me that you might like to use them for the JOURNAL, as I have seen none published. Besides, I learn that this operation has not been successful in its results. Having watched these cases, I can safely state they were eminently good and encouraging. There may be something peculiarly favorable to the healing of wounds at Point Lookout, for nearly all of those received from Fredericksburg (1100) did wonderfully well. I think it is not generally known what an excellent place this is for a hospital. The percentage of deaths is less than 2 per cent. There has not occurred a single case of hospital gangrene, and medical and surgical cases alike progress to cure with great rapidity.

CASE I.—Priv. McMurphy, 5th N. Y. V., wounded at Fredericksburg, Dec. 13th, 1862, by a Minié ball, which shattered the ulna of the left arm for about two inches from the olecranon, involving the joint. Admitted to Hospital Dec. 16th. Excision of joint Dec. 18th—H operation. Passive motion made at end of third week. Wound healed Feb. 25th, 1863. Flexion and extension good at this time, and some degree of pronation and supination possible.

March 25th.—Motions of joint excellent.

CASE II.—Priv. Douglass, 63d Penn., wounded at Fredericksburg, Dec. 13th, 1862. Admitted to Hospital 16th. A Minié ball entered the left forearm near a point over the neck of the radius, and came out just above inner condyle, comminuting head and neck of radius, and portions of coronoid and olecranon processes of ulna. Excision of joint Jan. 12th, by H incision.

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March 31st.—Movements of joint fair. Wound nearly closed, and patient doing perfectly well.

CASE III.—Priv. Wellover, 131st Penn., wounded at Fredericksburg, Dec. 13th, 1862. Admitted 16th. A Minié ball shattered olecranon process of left ulna. The ball was extracted, after entrance to Hospital, from a position in front of inner condyle. Patient was much prostrated after entrance. Excision of bones of joint Jan. 10th, 1863, by straight incision (Langenbeck's).

Feb. 28th.—External wound healed, and movement of joint good.

March 31st.—Pronation and supination perfect; full extension and nearly perfect flexion.

CASE IV.—Priv. Lewis, 133d Penn., wounded at Fredericksburg, Dec. 13th, 1862. Admitted 15th December. A Minié ball entered posterior aspect of left arm, over olecranon. A portion of this process and of the inner condyle of humerus were fractured. Excision of joint Jan. 15th, 1863—H incisions.

March 3d.—Wound healed, and all motions of joint good.

Excisions of Head of Humerus.

CASE I.—Priv. Campbell, 4th N. Y. V., wounded at Fredericksburg, Dec. 13th, 1862. Brought to Hospital 16th. A Minié ball entered just outside the acromion of left shoulder, and passed down the arm, shattering a portion of head of humerus (inner aspect). The same was extracted, a few days subsequently, from just below axilla. Excision was done on 17th January, 1863, by semilunar incision. The bone was taken off just below the tuberosities. There was no injury to glenoid cavity. Cold-water dressing applied throughout.

March 10th.—Wound healed, and motions of forearm free, and, by passive motion, arm can be raised to a right angle with body.

31st.—All motions good excepting rotation. Voluntary motion increasing daily.

CASE II.—Sergt. Dolan, 2d U. S. I., wounded at Fredericksburg, Dec. 13th, 1862. Entered Hospital 16th. A Minié ball entered left shoulder just inside acromion process of scapula, and lodged just below the head of humerus, splitting off about an inch of that bone at this place. Patient was much prostrated, and confined to bed long after entrance to hospital. When placed under ether for examination, the motion of joint was so good that it was pronounced uninjured. A second examination proved the extent of injury, but his condition did not warrant an operation until March 6th, when the joint was exposed by flap incision, and about two inches of humerus removed, with the head. In a week after he was about as usual, and in four weeks from time of operation the wound had healed, the patient progressing most favorably. An opening was made on the inner and posterior aspect of the arm to facilitate the escape of pus, which was slight and of perfectly healthy character.

April 5th.—Everything progressing favorably.