

CASE 620.—Private W. A. Harkness, Co. K, 7th Rhode Island, aged 35 years, was wounded at Cold Harbor, June 3, 1864. At the regimental hospital the injury was recorded as a "wound of the bowels." On the 7th, he was transferred to Carver Hospital, Washington, whence Surgeon O. A. Judson reported the case as a "flesh wound of the abdomen." On September 26th, he was admitted into Lovell Hospital, Portsmouth Grove, and discharged the service January 26, 1865. Surgeon Charles O'Leary, U. S. V., notes upon the monthly report as follows: "Gunshot wound of the abdomen; the ball passed beneath the umbilicus, injuring the bone by escaping through the ilium. A painful tumor marks the track of the ball." He was pensioned, and Examining Surgeon Robert Millar, of Providence reported, January 21, 1870, that the "ball entered the abdomen at the median line, about two inches above the pubes, passed outward toward the left side, fracturing the left ilium at the anterior superior spinous process, and emerged about two inches beyond. The irritation seems to have extended to the bladder, and if he stands he has a constant desire to urinate; any heavy lifting produces pain and fullness in this region. He also has pain at the seat of the fracture, which has recently increased, probably owing to some necrosed spiculae of bone. He says that he can perform no hard labor which requires standing or lifting." He was last paid on December 4, 1872.

CASE 621.—Lieutenant Colonel John M. Hedrick, 15th Iowa, was wounded near Atlanta on July 22, 1864, and after Surgeon William H. Gibbon, of his regiment, had applied a primary dressing, he was transferred to the hospital of the Seventeenth Army Corps, thence was admitted into hospital at Chattanooga, where Surgeon J. H. Phillips, U. S. V., records the injury as a flesh wound of the back. Thence this officer was sent to hospital at Louisville on August 10th, where Surgeon A. T. Watson, U. S. V., records "gunshot wound of left forearm and of left hip." He was mustered out of service on August 11, 1866, and was pensioned. On September 4, 1867, Pension Examiner W. S. Orr reports: "A musket ball carried away the left transverse process of the fifth lumbar vertebra, penetrated the os ilium of the same side near its connection with the sacrum, and emerged through the ilium near its anterior superior spinous process. The wound has been followed by extensive exfoliation of the ilium, which has not yet entirely ceased. Disability total." Promoted to a colonelcy, and brevetted a brigadier for gallantry, this officer subsequently regained his strength, and, in 1872, visited Washington, in tolerably robust health.

CASE 622.—Musician J. Dalley, Co. H, 53d Pennsylvania, aged 28 years, was wounded at Fredericksburg, December 13, 1862. He was treated in the field, and at Armory Square Hospital, Washington, and was discharged from service March 6, 1863. The certificate of disability, signed by Surgeon D. W. Bliss, U. S. V., states that there was a "gunshot wound of the left side; the ball entered through the skin over the liver, passed obliquely downward and backward through the ilium, two inches below the crest. Necrosis of ilium." Dalley was pensioned, and was paid to March 4, 1869, when his pension was discontinued.

CASE 623.—Private W. H. Davis, Co. F, 15th Ohio, aged 22 years, was wounded at Kenesaw Mountain, June 23, 1864, by a conoidal ball. On June 27th, he was admitted to No. 1 hospital, Chattanooga, from the field, with "gunshot wound of the abdomen," and, on July 1st, he was transferred to Nashville, to hospital No. 2, in charge of Surgeon J. E. Herbert, U. S. V., the injury being recorded as "gunshot wound in umbilical and sacral region." On the 27th he was furloughed, and on November 25th was admitted to Brown Hospital, at Louisville, where Assistant Surgeon B. E. Fryer, U. S. A., recorded the case as a "gunshot fracture of the crest of the left ilium." On the 30th he was transferred to Madison, and on January 6, 1865, to Columbus, Ohio, and Surgeon S. S. Schultz, U. S. V., described the injury as "gunshot wound of the abdomen, injuring the crest of the left ilium." This soldier was discharged the service on February 14, 1865, his disability rated at three-fourths. Pension Examiner A. H. Hewetson, of St. Clairsville, reported, March 31, 1865: "Ball passed from a point about two inches above and a little to the right of the superior spinous process of the ilium to the left sacro-iliac symphysis; several pieces of bone were discharged. The hip is painful and the spine weak, so that when the weight of the body is thrown upon the left limb it is violently agitated. He suffers considerable pain of a nervous character before changes in the weather; disability three-fourths, to some extent temporary." This pensioner was last paid to June, 1873.

CASE 624.—Private J. J. Smith, Co. E, 22d Georgia, aged 30 years, was wounded at Gettysburg, July 3, 1863. He was cared for at the Third Corps Hospital until the 28th, and then transferred to Camp Letterman. Acting Assistant Surgeon Rowand reported that "a minié ball entered a half inch below the umbilicus, passed on under the integuments, and escaped at the upper edge of the right os innominatum, fracturing the crest of the ilium, a portion of which it carried away. The missile then passed through the middle third of the right arm, fracturing the humerus. The arm was amputated on July 4th, by circular operation. The after treatment consisted of cold-water dressings, with stimulants and tonics." The patient convalesced rapidly, and on October 1st was transferred to West's Buildings Hospital, Baltimore, and on November 12th to City Point, for exchange.

CASE 625.—Private J. N. Kaufman, Co. G, 151st Pennsylvania, aged 21 years, was wounded at Gettysburg, July 1, 1863. He was removed to the field hospital of the 3d division, First Corps, and, on the 11th, was transferred to Camden Street Hospital, Baltimore. Surgeon Z. E. Bliss, U. S. V., states that "the ball entered the left side above the crest of the ilium, passed superficially across, and emerged below the margin of the ribs, about four inches from the umbilicus. When admitted, there was free discharge from the upper orifice." On July 24th, the patient was transferred to Harewood Hospital. Acting Assistant Surgeon L. Dorsey noted on the medical descriptive list that "the ball entered the abdomen about one inch below the last rib of the left side, and passed out above the posterior superior spinous process of the ilium. The patient was discharged from hospital August 12, 1863, at which time the wound was nearly healed." Kaufman was pensioned, and Examining Surgeon D. I. Beaver, of Reading, reported, September 28, 1863, as follows: "The ball struck opposite, three inches off [from the median line?], passed directly backward, and made its exit through the upper portion of the left ilium. The wounds are both discharging, and there is great induration at the ilium. Swelling and irritation exist, showing that the bone is affected. Disability three-fourths; may change." This pensioner was last paid in March, 1873.

CASE 626.—Corporal I. N. Porter, Co. E, 154th New York, aged 25 years, was wounded at Pine Knob, June 15, 1864. In the field hospital at Chattanooga, at Cumberland Hospital, Nashville, and at Clay Hospital, Louisville, the injury is noted as a "shot wound of the abdomen." On August 9, 1864, he was admitted into hospital at Cleveland, and discharged from service

March 6, 1865. Surgeon George M. Sternberg, U. S. V., states upon the certificate of disability that there was a "gunshot wound of the right colon, with fracture of the ilium." Pension Examiner H. C. Taylor, of Brocton, N. Y., reported, November 10, 1866: "Gunshot wound in the abdomen, the ball passing entirely through from a point a little to the right of the umbilicus to a point in the back a little below the kidney. The disability has of late increased. He is unable to perform manual labor and, in my opinion, the disability is complete." Pension paid to March, 1873.

In this group,—often confounded with shot perforations of the abdomen,—of penetrations in the iliac region with fracture of the crest or wing of the ilium, it would be possible to adduce many instances of recovery; but these may here suffice, as others will appear in further subdivisions of the subject. Though very uncommon, there were examples of recovery after shot lesions involving both iliac bones:

CASE 627.—Private *C. C. Condra*, 3d Tennessee, was admitted into the general hospital at Paducah, Kentucky, for a gunshot wound through both ilia, received on February 5, 1863. Pyæmia was developed on March 8th. It was successfully treated with quinia and iron, anodynes and stimulants.

CASE 628.—Major Jacob Scheu, 7th New York, aged 34 years, was admitted from City Point to Armory Square Hospital on May 7, 1865, for a shot perforation of the pelvis, received at South Side Railroad on May 2d. A conoidal musket ball had entered three inches below the centre of the crest of the right ilium, passed through the pelvis anterior to the sacrum, and emerged at a corresponding point on the opposite side. On admission, he suffered intense pain; there was incontinence of urine and paralysis, but increased sensitiveness of the lower extremities, with slight contraction of the extensor muscles of the foot. The wound had nearly closed, but suppuration had taken place along nearly its whole length. After enlarging each wound slightly, several loose pieces of bone were removed from both, and an abscess beneath the gluteal muscles was evacuated. Perfect rest was enjoined; poultices were applied; stimulants and anodynes administered. The patient was transferred to De Camp Hospital on August 18th. By September 15th, he was improved; there was a slight discharge from both wounds, and the atrophied limbs could easily be moved about in bed. This officer was discharged the service on April 13, 1866. He was subsequently a patient of Dr. Charles A. Leale, who states, November 14, 1867: "The patient has good use of his limbs and can walk easily; he has slight paralysis of one leg."

Lateral perforations in front of the vertebral column, implicating both innominate, must commonly be attended with fatal visceral injuries; but a ball passing parallel to the sacrum may readily notch both of the iliac crests posteriorly, where they project beyond the sacral spine, and such injuries are not necessarily very grave. Two instances approximating to this description, the cases of Russell and Woodbury, will be found with the histories of the fractures of the sacrum.

In the early dressing of shot fractures of the ilium it is sometimes necessary to remove very large detached fragments, as in the following instance:

CASE 629.—Private *W. J. Gibson*, Co. G, 102d Pennsylvania, aged 20 years, was wounded at the Wilderness, May 5, 1864, by a six-ounce grapeshot, which entered the front of the abdomen a little below a line drawn from the umbilicus to the anterior superior spinous process, and about three inches from the border of the right ilium, and passed through the middle of the ilium, carrying before it a portion of the bone more than two inches square; both the ball and the fragment of bone lodged in the gluteal muscles. He was removed to the field hospital of the 2d division, Sixth Corps, where Surgeon George F. Stevens, 77th New York, administered chloroform, and removed, through an extensive incision along the nates, the missile and the fragment of bone which lay in proximity. The borders of the large opening in the ilium were smoothed by means of the bone forceps somewhat enlarging the orifice. The wound was then brought together, and water-dressings applied. He passed through

the hard experience of the wounded of the Wilderness, being drawn in an army wagon two nights and a day over rough roads, and for several days received little or no care. [The above notes of the case appear on a special report furnished by the operator.] On May 25th, the patient was removed to Lincoln Hospital, Washington, and on July 28th, to the hospital at Pittsburg, where he was transferred to the Veteran Reserve Corps, January 30, 1865. He was discharged June 19, 1865, and pensioned. Examining Surgeon D. N. Rankin, of Alleghany City, reported, July 5, 1865, that "the missile entered the right iliac region and fractured the right ilium. Great deformity of the parts and a partial loss of the use of the right leg resulted. He has had poor health since the reception of the injury." This pensioner died October 7, 1866. Dr. Stevens had prepared and sent to the Museum a ferrotype of the specimens removed, which are represented, of the size of nature, in the adjacent drawings (Figs. 142 and 143).

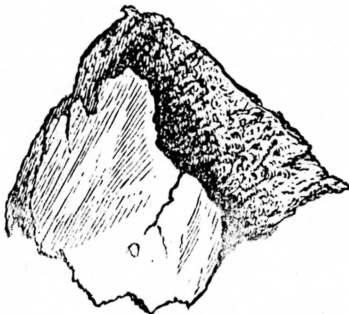


FIG. 142.—Fragment of right ilium carried away by a grapeshot. [From a photograph.]



FIG. 143.—Grapeshot that produced the foregoing fracture, and then lodged in the buttock.