THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXVIII. THURSDAY, JULY 16, 1863. No. 24.

CASE OF PNEUMONIA FOLLOWING GUN-SHOT WOUND OF THE CHEST.

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[Communicated for the Boston Medical and Surgical Journal.]

A PRIVATE of the 134th Reg't Pa. Vols., æt. 25, of medium height, and possessed of a remarkably muscular frame and vigorous constitution, was admitted into the Hammond General Hospital, Point Lookout, on the 16th of December, 1862, with a gun-shot wound of the left side and breast. The wound was received at the battle of Fredericksburg, on the 13th, and was caused by a round ball, which entered the left side just below the axilla, about over the fifth rib, which it injured slightly, and then passing upwards and inwards lodged superficially a little below the left clavicle, and about two inches from its sternal extremity, from which place it was extracted soon after the receipt of the wound. At the time of the patient's admission into the Hammond General Hospital, his general condition was highly favorable, his health having been excellent ever since enlisting. He made light of his wound, which was doing well, and appeared to cause him little or no trouble. The position of the wound being such as to render injury of the lung probable, a careful examination of the chest was made, and the patient closely questioned; but both the physical examination and the interrogation of the patient failed to elicit any evidence of lesion of the lung. The respiration was perfectly normal over the whole of the chest, and according to the statements of the patient there had been no hæmoptysis, dyspnœa, or other signs of injury of the lungs, either at the time of receiving the wound or since. Nothing of interest occurred in the progress of the case until Dec. 18th (two days after admission into the Hospital), on the afternoon of which day the patient had a severe chill, which lasted about two hours, and was then succeeded by fever, which lasted several hours more. On the following morning the patient appeared about as well as usual, but in the afternoon he suffered another attack of chill and fever. Quinine had been administered in the meantime, and after the last-mentioned attack he

had no return of the disorder. He now appeared to be as well as when admitted into the Hospital, and this state of things continued until Dec. 24th; but on the morning of that day the patient complained of sharp pain in the left side, about the region of the nipple, accompanied by some dyspnœa; his pulse was about 95 and hard, and his skin hot and dry. A physical examination of the chest was immediately made, and fine crepitation, mingled with faint bronchial respiration, was detected in the upper lobe of the left lung. Towards evening the patient began to cough, and to expectorate small quantities of mucus. He passed a very restless night, and on the following morning (Dec. 25th) commenced to expectorate nearly pure blood in considerable quantities whenever he coughed; the cough and dyspnœa also had increased considerably. The wounds of entrance and exit were dark and sloughy in appearance. On placing the ear upon the chest, the crepitation was found to be fainter than on the preceding day, and the bronchial respiration stronger; dulness on percussion and increased vocal resonance were also present; the pulse, skin, &c., were about the same as on the preceding day. On the 26th the crepitation had disappeared from the upper portion of the left lung, and had been superseded by bronchial respiration. Fine crepitation was now detected in the lower lobes of both lungs. The pulse was now 110, and feebler than on the previous day, and the dyspnœa had become very severe. Towards the evening of this day the expectoration, which had continued up to this time to be of nearly pure blood, began to assume the rusty hue of pneumonic sputa. On the 27th, auscultation and percussion showed no marked changes, but the patient's general condition was very unfavorable, his pulse being now very quick and feeble, and his strength much reduced. On the 28th and 29th there was no great change in the case, but on the morning of the 30th the patient was evidently sinking. The lungs were now examined for the last time, and bronchial respiration, with dulness on percussion, was found to be present over the whole of the left side, and also over the lower portion of the right. In the afternoon the patient became delirious, and continued in this state until evening, when he died quietly.

The body was examined the following morning (Dec. 31st, 1862). Dissection discovered the track of the ball under the integuments of the thorax, from the wound of entrance to the place from which it was extracted, but the most rigid examination failed to detect any communication whatever between the course of the ball and the cavity of the thorax, the walls of the latter being entire at every point. The lower lobes of both lungs were in a state of red hepatization. The upper portion of the left lung was of a dark green hue, infiltrated with very offensive pus, and so completely softened and disorganized that its removal entire from the body could not be effected. The pleura over this part of the lung was somewhat inflamed,

but the inflammation was chiefly confined to its posterior and lateral portions, whereas that portion which lay under the course of the ball presented little or no deviation from the normal condition. All the other viscera were carefully examined, and were found to be healthy. After the examination, an incision made into the left shoulder discovered a small collection of pus, but an examination of the other joints failed to discover anything similar. The abscess was not directly connected with the wound, so far as could be ascertained by dissection.

The treatment, throughout the case, was expectant, with the exception of the administration of stimulants towards the last.

This case appears to me to present a fair example of a gun-shot wound of the chest, accompanied by pulmonary inflammation independent of the injury or only indirectly connected with it, and also to show how errors in the diagnosis of such cases may be made. When the man was first seen, the absence of all indications of injury of the lung (excepting the position of the wounds of entrance and exit) rendered it probable that the lung had escaped injury, and the *post-mortem* examination proved this conclusion to be correct; but on the appearance of signs of pulmonary inflammation, after taking into fair consideration the facts that, on the one hand, inflammation of the pulmonary organs *may* arise from wounds of the walls of the thorax which do not penetrate the cavity of the latter, and that, on the other hand, the absence of signs of pulmonary injury at the time of the receipt of a wound or afterwards, does not prove *conclusively* that the lung has escaped harm, the probabilities seemed to be in favor of the case being one of penetration of the thorax, with lesion of the lung, and had no autopsy been made this conclusion would have been final. But if the patient had recovered from the attack of pneumonia, then the not unnatural conclusion would have been arrived at, that the case was one of recovery from gun-shot wound of the lung, which, of course, would have been entirely incorrect. Without disputing the possibility of recovery from gun-shot wounds of the lungs, may not some of the cases of recovery be explained by the case I have here reported?

Point Lookout, Md., Jan. 10th, 1863.

ON AMPUTATION OF THE THIGH.

By John Green, Fellow of the Massachusetts Medical Society, late Acting Assistant Surgeon U.S.A.

[Concluded from page 461.]

Dressing and After-treatment of Stumps.

Before considering the subject of dressings, it may be well briefly to review the history of the processes of repair so far as they are concerned in the healing of the wound made by amputation. First