

of shattered ulna. Sent to Armory Square and Philadelphia hospitals, and mustered out June 14, 1865, and pensioned. Examiner C. M. Turner, of Towanda, reported, September 14, 1869: "Carpus ankylosed; fingers powerless." Pensioner paid June 4, 1875.—7. Corp. L. H. Pierce, Co. G, 83th New York, aged 28 years, Bull Run, August 30, 1862. Excision of lower end of left ulna was practised on the field. Sent to Carver Hospital, and discharged December 29, 1862. Examiner W. S. Welsh, of Franklin, Pennsylvania, reported, September 4, 1873, that there was displacement of the hand at right angles and inability to flex the fingers, the disability being equivalent to the loss of the hand. This pensioner was paid December 4, 1875.—8. Pt. G. Williams, Co. A, 154th New York, aged 21 years, Rocky Face Ridge, May 8, 1864. Two inches of the articular end of the left ulna was excised on the field the same day by Surgeon James Reilly, 33d New Jersey. The patient was sent to Buffalo, New York, and discharged February 28, 1865. Examiner G. W. Hazeltine, of Jamestown, reported motions of carpus lost; no sensation in middle and ring fingers. Examiner A. Jewett, of Dayton, Ohio, reported, February 13, 1876: "Hand in pronation and cannot be supinated." Examiner H. K. Steele reported the use of the thumb and index finger as retained. Examiner R. L. Sweeney reported, December 6, 1875: "Partial luxation of wrist; want of power to rotate forearm."—One of the primary excisions was followed, after three weeks, by amputation in the upper arm.—9. Corp. F. A. Sherman, Co. H, 11th Maine, aged 22 years, Wilderness, May 5, 1834. Surgeon H. F. Lyster, 5th Michigan, excised an inch of the distal extremity of the ulna the same day. Periostitis with caries extended up the ulna, and the limb was removed in the upper arm, May 29, 1834 (TABLE LXXVIII, No. 223, p. 765). The specimen, 2503, *Surg. Sect.*, A. M. M., is interesting. The pensioner was paid December 4, 1875, and had a sound stump.—The two fatal cases of primary excision of the distal end of the ulna are: 10. Pt. F. M. Hardy, 30th North Carolina, fully detailed on page 950 as CASE 1837. He also underwent an excision of the radius in the opposite forearm (See FIGS. 683, 689).—11. Pt. S. Young, Co. F, 63d New York, aged 25 years, Petersburg, June 16, 1864. Excision of a portion of the lower extremity of the left ulna, the same day, by Surgeon P. E. Hubon, 28th Massachusetts. He was sent to Carver Hospital, Washington, and, July 9th, Acting Assistant Surgeon R. E. Price resected a further portion of the shaft of the ulna. July 15th, pyæmia supervened, and resulted fatally July 27, 1864.—Four intermediary excisions of the lower end of the ulna resulted in recovery, one after submitting to amputation in the forearm: 12. Pt. J. L. Jones, Co. C, 120th Illinois, aged 24 years, Guntown, June 10, 1834. Sent to Adams Hospital, Memphis, where, June 25th, Acting Assistant Surgeon S. S. Jessop excised the lower sixth of the right ulna. The patient sent North, August 23, 1834, on the transport January. Pensioned October 22, 1834. Examiner G. Bratton, of Vienna, certified, July, 1869: "A musket ball struck the right carpus near its dorsal articulation with the ulna, and ranged upward, fracturing the ulna. The wrist joint is ankylosed and the fingers greatly shrivelled and flexed. Pensioner paid September 4, 1875.—13. Lieut. J. R. McGowan, Co. D, 13th Alabama, aged 23 years, Wilderness, May 8, 1834. Sent to Richmond, where, May 12, 1834, excision of four inches of the lower end of the ulna was practised. This officer was furloughed June 16, 1834.—14. Pt. W. Tyson, Co. G, 110th Pennsylvania, aged 50 years, Fredericksburg, December 13, 1832. Sent to Harewood Hospital, Washington. December 27th, excision of two inches of lower end of left ulna, and free incisions to evacuate pus which had burrowed in the metacarpus. Pensioned March 28, 1833. The Lancaster Examining Board reported, September 4, 1873: "Complete ankylosis of wrist joint; loss of control of movements of all the fingers."—The fourth intermediary case was followed by amputation: 15. Pt. E. H. Lewis, Co. E, 145th Pennsylvania, aged 18 years, was wounded at Fredericksburg, December 13, 1832. Sent to Hammond Hospital. Late in December the lower extremity of the left ulna was excised. The case progressed unfavorably, and amputation high in the forearm was practised, February 16, 1863 (See TABLE CXXXVII). March 7, 1863, there was profuse bleeding, on account of which the radial was tied in its continuity above the stump. Pensioned June 13, 1863, and paid September 4, 1875.—Three of the four secondary excisions of this group terminated in recovery, and one in death: 16. Pt. J. J. Davis, Co. F, 140th Pennsylvania, aged 27 years, Gettysburg, July 3, 1863. Sent to Satterlee, where Acting Assistant Surgeon T. G. Morton excised the lower third of the left ulna, September 3, 1863. A musket ball had perforated the bone from the dorsal to the palmar surface. To V. R. C. January 26, 1864; discharged and pensioned November 24, 1865. Examiner D. N. Rankin, of Allegheny, reports: "The ulnar nerve and artery were severed, and the hand is cold and clammy, and the sense of feeling is almost entirely destroyed. It pains him extremely in cold weather. Its motions and power are very slight." The Pittsburg Examining Board reported, September 9, 1875: "Pronation and supination are lost and the hand is weak and powerless. Equivalent to loss of hand for manual labor."—17. Sergt. J. R. Imboden, Co. C, 1st Ohio, Chickamauga, September 19, 1863. Shell fracture of lower extremity of right ulna. Sent to general hospital at Nashville, and afterward to Camp Dennison. Two months after the injury excision of the lower end of the bone was performed, and the patient was returned to duty in V. R. C. August 20, 1864. March 1, 1867, Brevet Major Harvey E. Brown, Assistant Surgeon, U. S. A., in his report on soldiers of the 1st Infantry wounded during the war, mentions this man as a private of Co. H, enlisted June 6, 1865: "There was considerable deformity about the wrist, and he is troubled with numbness of the index and middle fingers, and has rather imperfect use of hand, but is able to perform his duties as a soldier."—18. Pt. J. Quinland, Co. C, 6th Louisiana, aged 34 years, Charlottesville, May 3, 1863. Sent to Charlottesville. Professor J. L. Cabell noted that, in consequence of a shot perforation of the left carpal articulation, the lower end of the ulna, projecting, was resected to the extent of one inch, November 1, 1863. In December the wound was nearly healed; there was some motion about the joint, though the fingers were stiff, the whole limb somewhat atrophied, and the movement of the elbow joint and forearm imperfect, supination being almost lost. The Richmond Retiring Board retired this soldier on certificate of permanent disability February 13, 1865. The certificate is filed in the War Department, and states that there was "paralysis of all the extensor muscles of the forearm, with total inability to use the hand." This case is also noted in the manuscript register of Dr. H. L. Thomas, to be cited hereafter.—19. Sergt. J. N. Chestnut, Co. C, 6th Wisconsin, Antietam, September 17, 1862. Extensive sloughing followed a musket-ball fracture of the lower end of the right ulna. Sent to Frederick Hospital No. 6. Surgeon J. B. Lewis, U. S. V., December 2, 1862, excised three and a fourth inches of the lower end of the ulna (FIG. 729). Some of the fragments agglutinated by callus are seen attached to the lower end of the bone, and osteophytic deposits extend up the shaft. The patient wasted away gradually, and died January 22, 1863.



FIG. 729.—Excised distal extremity of right ulna. *Spec.* 3584.