

marked insufficiency of some muscle or muscles may be present, led to the formation of a commission of investigation of which the following well known gentlemen were made members: Dr. E. C. Seguin, Dr. M. Allen Starr, Dr. David Webster, Dr. Charles L. Dana, Dr. W. Oliver Moore, Dr. W. R. Birdsall, and Dr. Frank P. Foster. The neurological members of this commission furnished Dr. Stevens with a number of epileptics and choreics upon whom he performed many tenotomies for the correction of their ocular defects and the cure of the epilepsy or choreas the case might be. On Nov 5, 1889, after two years and a half, the commission brought in their report to the Neurological Society, which was to the effect that not a single cure had been made, though a few improvements were reported. After a very lengthy and detailed report by the commission, Dr. Stevens followed with one as complete in detail; and in many particulars, even in the same individual case gave a result totally different from that of the commission. He further claimed that the investigation had not been properly conducted, that unsuitable cases had been sent him, etc. A very protracted discussion followed, but led to nothing worthy of comment. Thus it will be seen that nothing very definite has come of the work of the commission, a work that was painstaking in the extreme and one that involved the expenditure of a great deal of time and labor. However, while no cures are reported, six cases were improved out of fourteen; therefore it is only fair to assume that Dr. Stevens' method is an auxiliary in the therapeutical treatment of epileptics and choreics, and although the result has not been so decisive as might be desired, yet it is sufficient to demand the attention and careful investigation of every practitioner.

Dr. David Webster has reported a large number of tenotomies for the correction of heterophoria with very gratifying results where persistent headaches, asthenopia, and such conditions were associated with a want of harmony in the movements of the ocular muscles. He has told me personally of a large number, and I have seen quite a few where relief from some distressing symptom would follow the operation, when all other means had failed to benefit.

Every practitioner may make observations and investigations for himself, and it is a duty that he owes not only to the patient but to the profession that he should put forth every effort toward the solution of a problem which has for its aim the benefitting of so large a class of cases as those of the neuroses, cases which the general practitioner as well as the specialist, has ever to deal with, and the treatment of which is often highly unsatisfactory.

REFERENCE is made in the editorial columns to the injustice suffered by medical men when called upon to give evidence at the Supreme or County Courts. The different Medical Societies should we think take action upon this matter by passing resolutions embracing their opinions, which might then be transmitted through a proper channel to the local government.

ON THE TREATMENT OF GUNSHOT WOUNDS, TOGETHER WITH SOME REMARKS ON THE PROGRESS OF ANTISEPTICS.

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THE following cases copied from my "Surgical Notes on Gunshot Wounds," together with the treatment and results, are selected from some of the numerous cases that came under my charge during the war.

These men were wounded in the battles around Atlanta, in the State of Georgia, and their cases are presented, to illustrate, to some extent, the great changes that have taken place in the surgical treatment of gunshot wounds in the last quarter of a century.

Case 9.—C. T. Shelah, corporal, 6th Regt., Kentucky Infantry, company "G." Vulnus sclopeticum. Minnie ball. Entrance styloid process of radius. Exit near articulation of radius with semi-lunar bone, injuring head of radius. Date, May 28th, 1864. Admitted to Hospital 3 days after injury. Treatment, lint and cold water dressing. Recovered.

Case 12.—F. York, private, 2nd Regt., Kentucky Infantry, company "G," age 29, occupation farmer. Vulnus sclopeticum. Minnie ball. entrance lower third of ulna, ranging upwards and outwards. Exit near middle third of same. bone very much shattered. Date of wound, June 10th. Admitted to Hospital June 12th, 1864. Resection of injured portion of bone. Treatment, lint and cold water dressing, gangrenous fourth day after operation, requiring free application of Nitric acid and internal use of milk punch, iron, quinine, and full diet. Recovered.

Case 28.—J. A. Mapp, private, 8th Regiment, Mississippi Volunteers, company "B," occupation farmer. (1st.) Vulnus sclopeticum. Minnie ball. July 22nd. Admitted to Hospital July 25th, 1864. Entrance near coracoid process, left shoulder, ranging downwards and outwards, fracturing spinous process of scapula. Exit near 6th dorsal vertebra; (2nd.) V S. At same time as above. Minnie ball. Entrance near instep, right foot, ranging upwards and outwards, injuring external malleolus of fibula. Spiculae of bone were removed. Treatment, lint and cold water dressing for both wounds, made rapid recovery, with slight ankylosis of shoulder and ankle joints.

Case 35.—J. W. Billings, private, 17th Regt., Alabama Infantry, age 52. Vulnus sclopeticum. Minnie ball. May 26th. Admitted to Hospital, June 3rd, 1864. Entrance, region of great trochanter, right side, ball ranging downwards and outwards. Exit, three inches from entrance, tendency of wound to gangrene, local application of strong Nitric acid, Turpentine one part, Bals Capaiba two parts, apply daily. Wound assumed healthy granulations after third day of treatment. Furloughed, June 25. Recovered.

Our Medical Schools in those days had no chair on "Bacteriology," nor did our great surgeons display magnificent and expensive spray products before their classes for the destruction of those deadly germs, that have in the last decade engaged so much attention.

Now we are taught that these life-destroying agents are everywhere present, on the instruments, sponges, hands, bed-clothes, etc., of the operator, countless numbers under