

**Drawings, photographs, etc: some connected with Longmore's publications on Gunshot Wounds; some drawings by T.W.M. Longmore**

**Publication/Creation**

19th Century

**Persistent URL**

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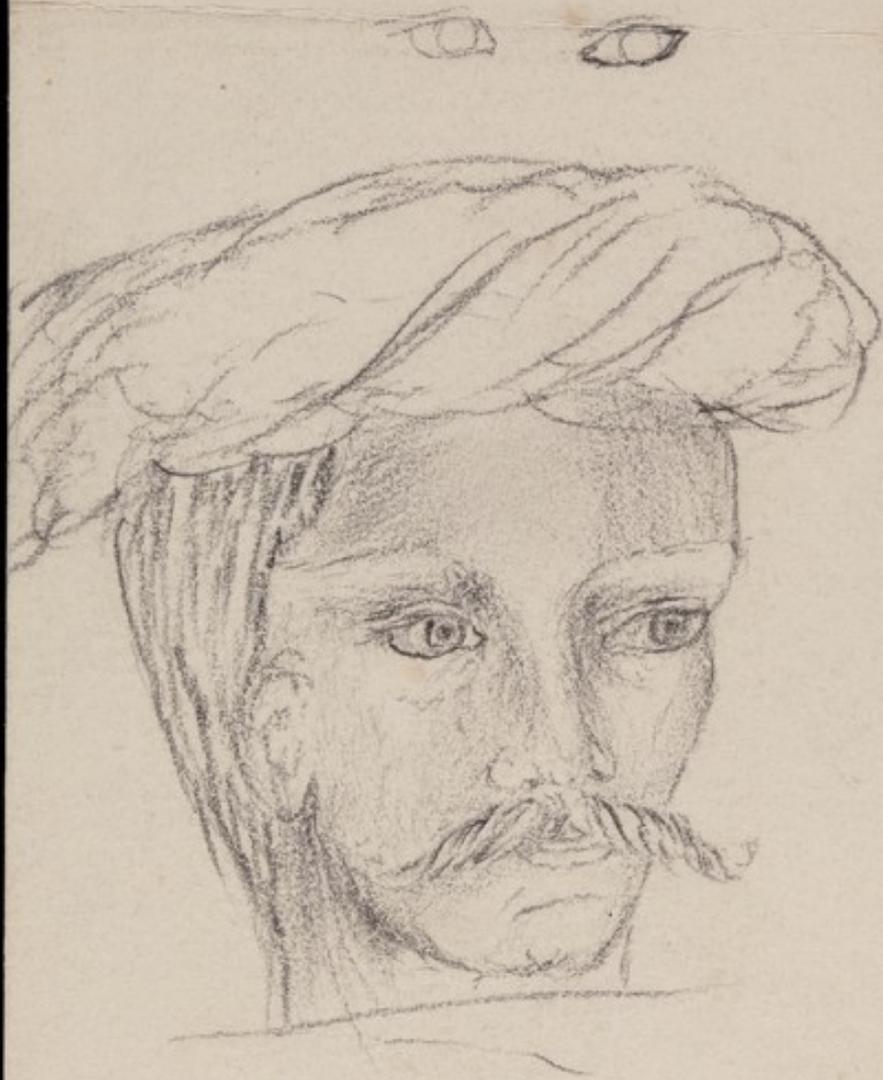
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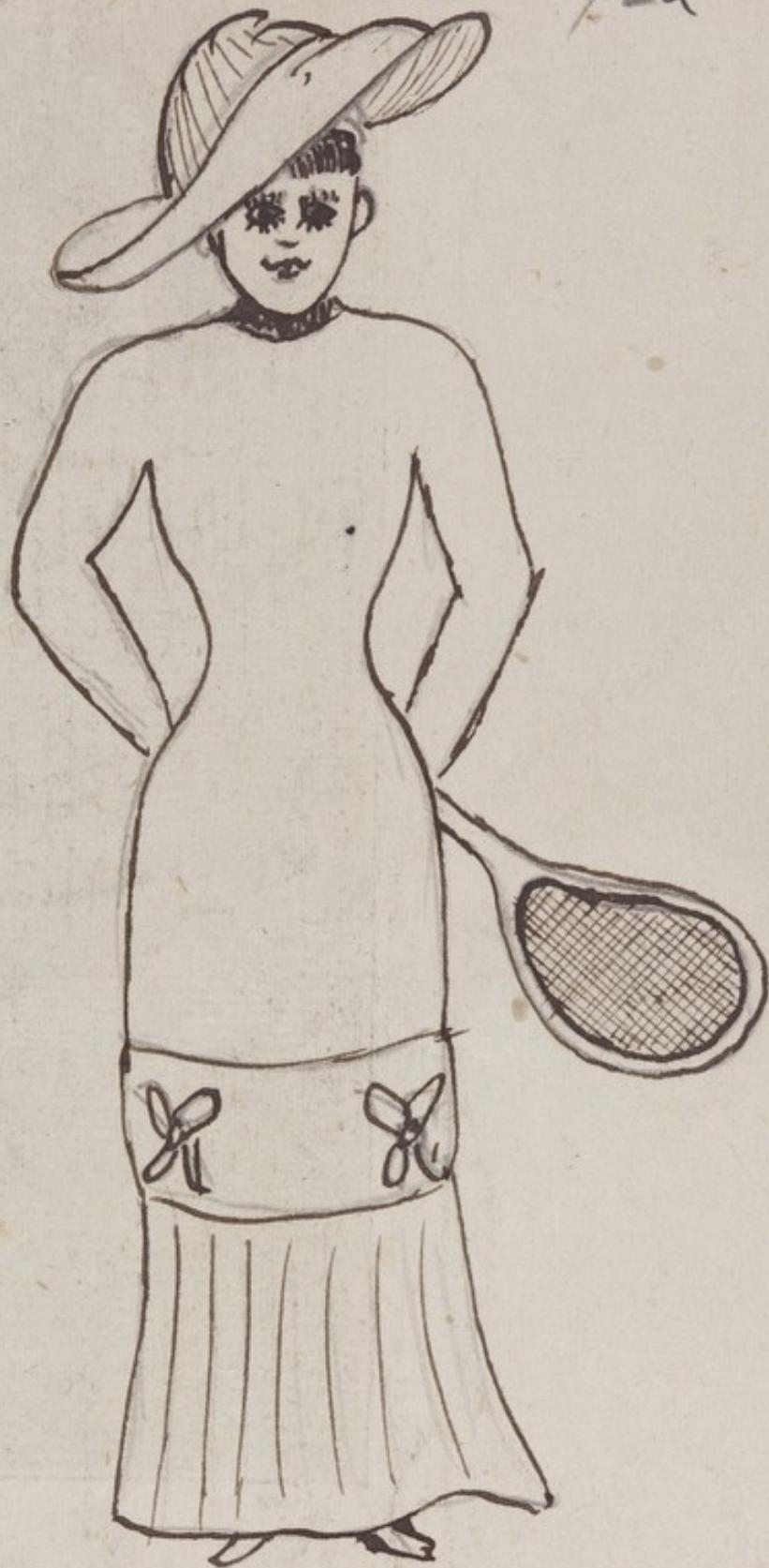


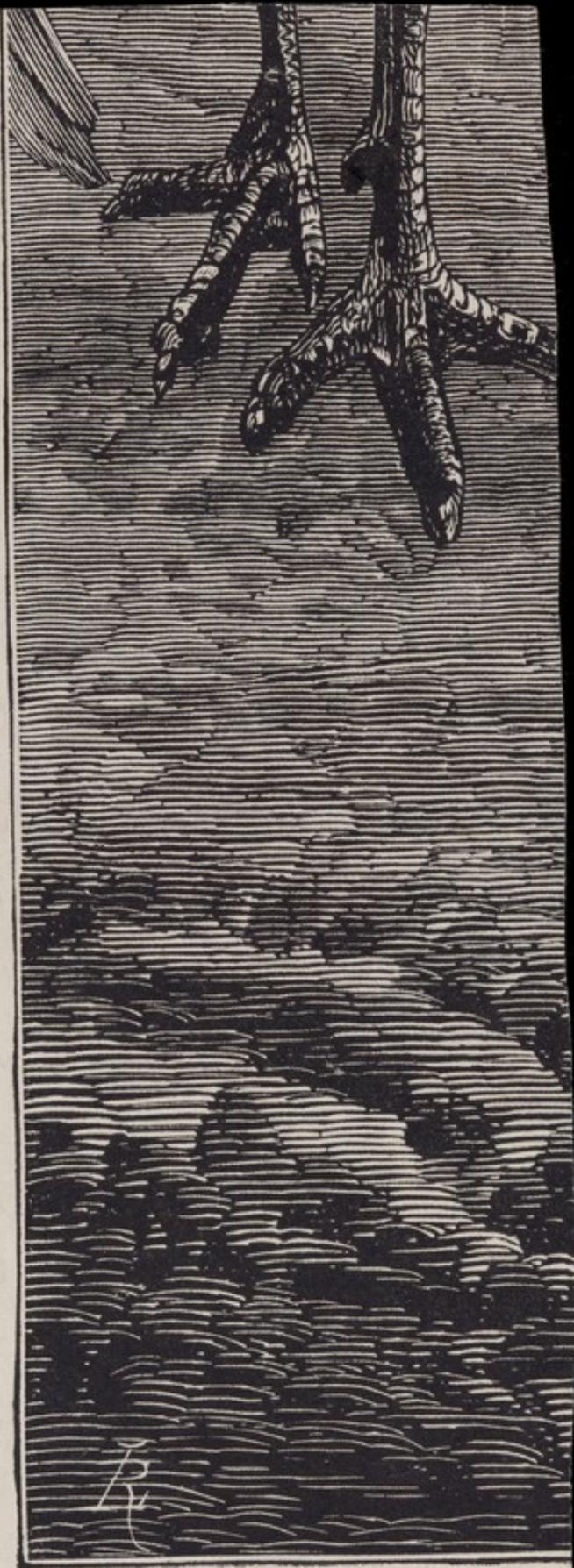
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LIII/1



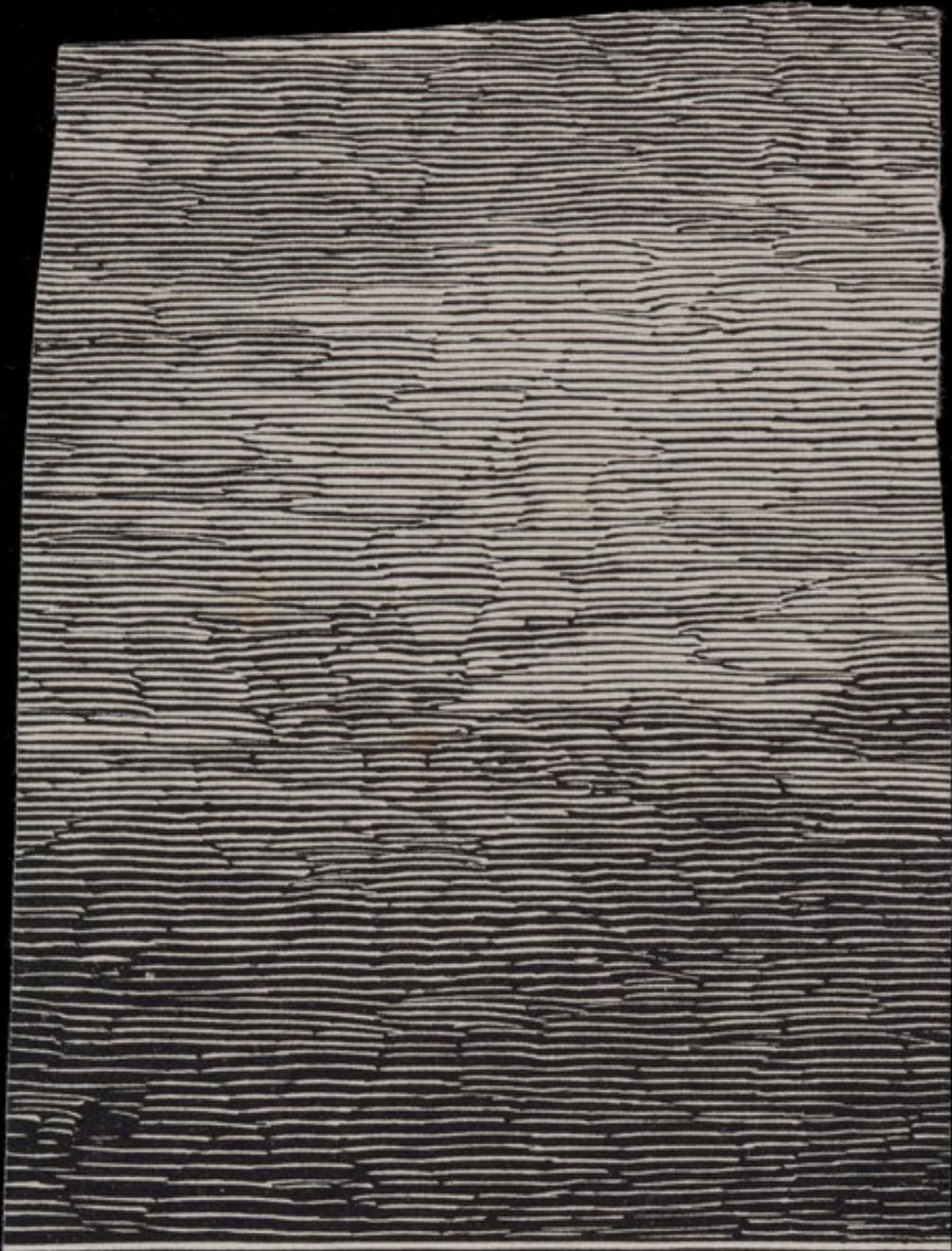
L. III/2a





L. III / 26





THE CO

LIII | 3

Paddy



Tinker & the crate brought to bay.



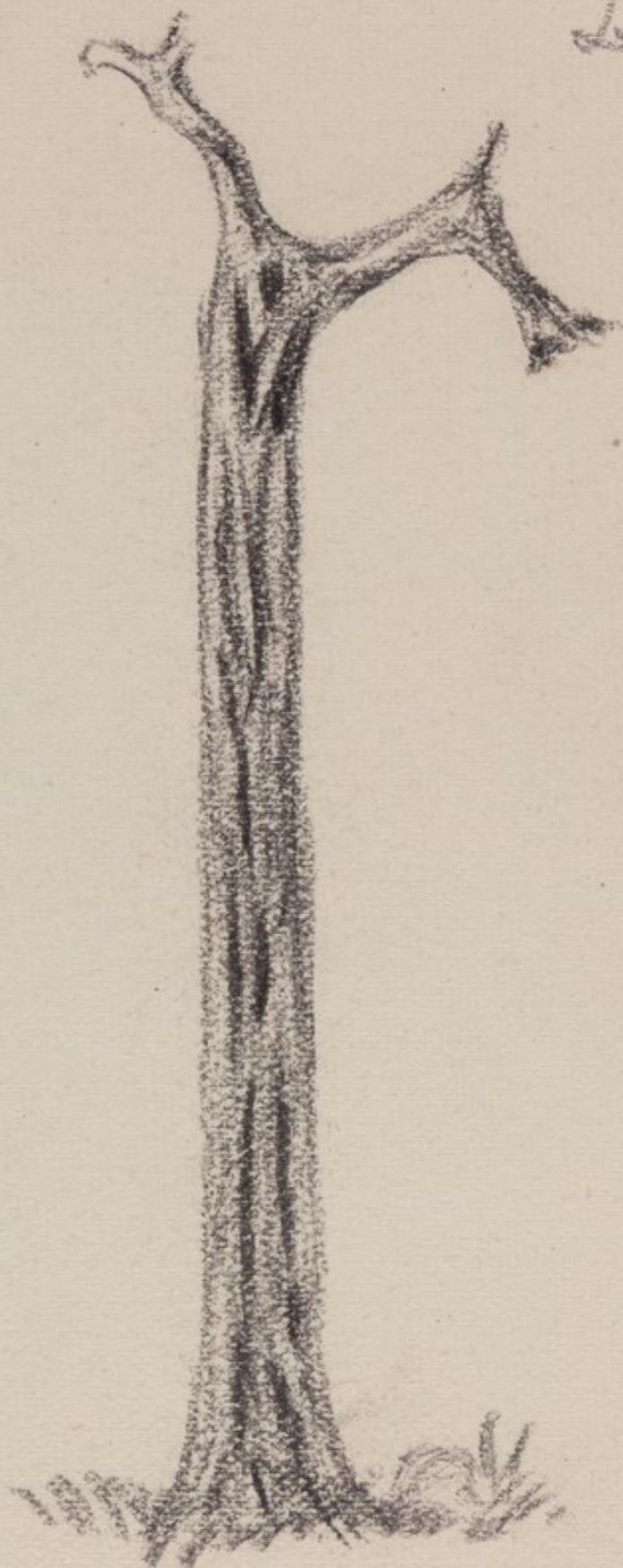
L. 111/4

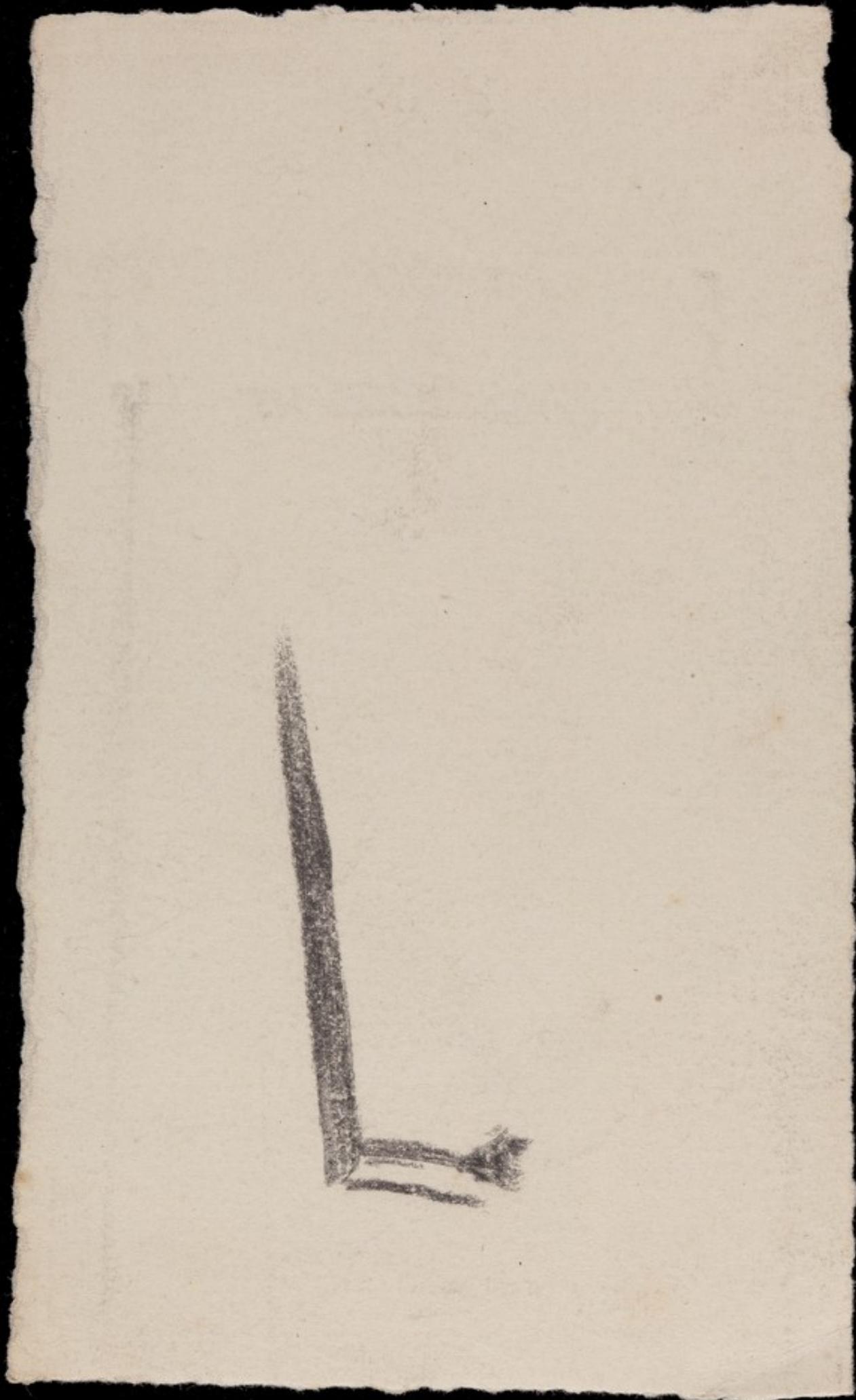


I  
3  
6  
Nov 4. Dec 1875.

Miss Longfellow

L. III / 52





L. III/6a



Warbler

W.L. 20

L. 111/56



TWML.

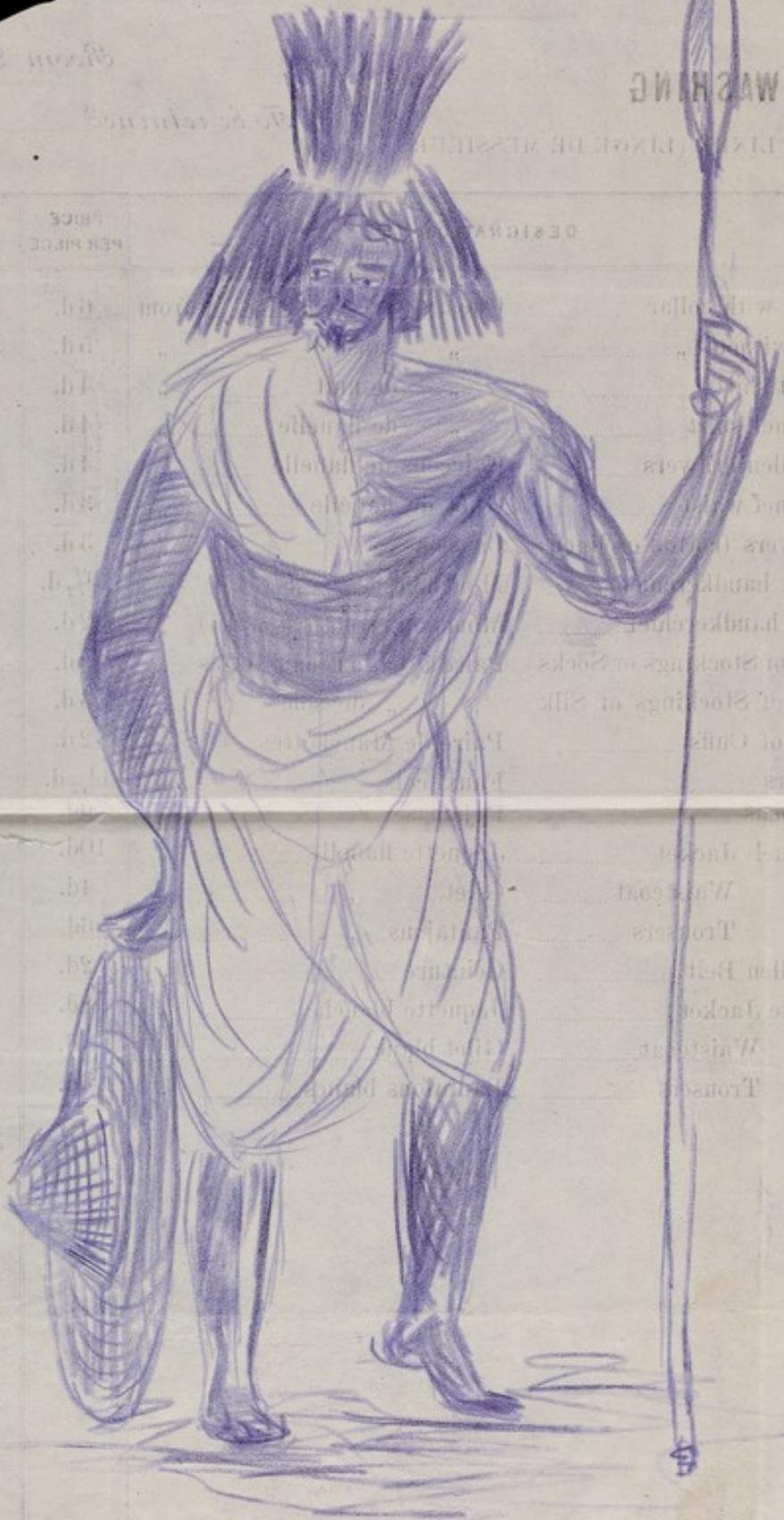


7/11

TARIFE OF WASHING

GEZELLEN'S LIX (CLASSE DE MESSIEURS)

NUMBER	DESIGNATION	PRICE PER PIECE	TOTAL
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*Abakdet  
Aras*

1-2  
10 1/2  
11

60.  
50.  
40.  
30.  
20.  
10.  
5.  
2.  
1.  
100.  
50.  
25.  
10.  
5.  
2.  
1.

Silk w/ collar  
Silk  
Flannel  
Woolen  
Flannel  
Down  
Plain  
Silk  
Pair of stockings of socks  
Pair of stockings of silk  
Pair of Gaiters  
Collar  
Trousers  
Fanny  
Waistcoat  
Trowsers  
Woolen Belt  
White Jacket  
Waistcoat  
Trousers

...entirely intended for the ...  
...and it is ...  
...

# LUXOR HOTEL

## TARIFF OF WASHING

*Monday*

Room No. \_\_\_\_\_

GENTLEMEN'S LINEN (LINGE DE MESSIEURS).

To be returned \_\_\_\_\_

NUMBER	DESIGNATION	PRICE PER PIECE	TOTAL	
			s.	d.
	Shirt with collar ..... Chemise avec col ..... from	6 d.		
<i>3</i>	" without " ..... " sans col .....	5 d.	<i>1</i>	<i>3</i>
	Night shirt ..... " de nuit .....	4 d.		
	Flannel shirt ..... " de flanelle .....	4 d.		
<i>1</i>	Woollen drawers ..... Caleçons de flanelle .....	4 d.		<i>4</i>
<i>1</i>	Flannel waist ..... Gilet de flanelle .....	3 d.		<i>3</i>
	Drawers (cotton or linen) ..... Caleçons .....	3 d.		
<i>7</i>	Plain handkerchief ..... Mouchoirs .....	1 1/2 d.		<i>10 1/2</i>
	Silk handkerchief ..... Mouchoirs (en soie ou brodés) .....	2 d.		
<i>1</i>	Pair of Stockings or Socks ..... Paire de bas ou chaussettes .....	2 d.		<i>2</i>
	Pair of Stockings of Silk ..... " " de soie .....	3 d.		
<i>3</i>	Pair of Cuffs ..... Paire de Manchettes .....	2 d.		
	Collars ..... Faux cols .....	1 1/2 d.		<i>4 1/2</i>
	Pyjamas ..... Pyjamas .....	6d.		
	Flannel Jacket ..... Jaquette flanelle .....	10d.		
	" Waistcoat ..... Gilet .....	4d.		
	" Trousers ..... Pantalons .....	6d.		
	Woollen Belt ..... Ceinture .....	2d.		
<i>1</i>	White Jacket ..... Jaquette blanche .....	8d.		<i>8</i>
	" Waistcoat ..... Gilet blanc .....	4d.		
	" Trousers ..... Pantalons blancs .....	6d.		
			<i>3</i>	<i>11</i>

any error Visitors are respectfully informed that the amount of their washing bills will be charged on the account, and that the person in charge of the Linen is not authorized to receive payments.

L. 111/8



EDWARD JENNER, M. D.



PROFESSOR ROBERT KOCH, M. D.



SIR JOSEPH LISTER, BART. F.R.C.S.



M. LOUIS PASTEUR

OCULAR

STEREOSCOPE. <sup>2.11/9a</sup>





New Albany, N.Y. June 2, 1899



LIII/95

New Balcony House - 1894  
Bukhārī. June. 1894



LIII/9c

*Gunsbot Injuries*

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*Photo. & Drawings*

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L III/10 - 49

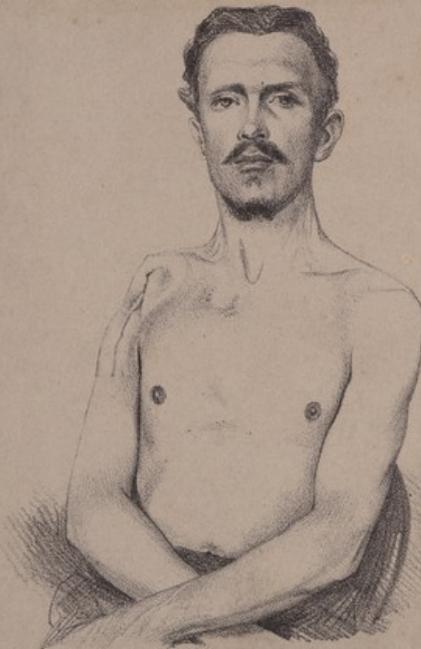
N° 7



Case of Nicholas Holmberg, 40\* Regt. The Drawing shows the relations of the wounds of entrance & of exit of the projectile, the cicatrix of the resection incision, the enlargement of the coracoid process and the relative positions of the fractured acromion & the scapular end of the clavicle.

N° 8

L. 11/10



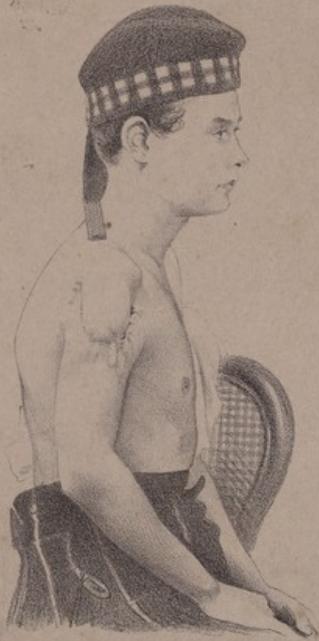
Day & Son, Limited, Lith.

Case of Nicholas Holmberg, 40\* Regt. The Drawing shows the scapular end of the clavicle forming the point of the shoulder instead of the acromion, and affords a front view of the enlarged Coracoid process.

*J. Langmore*

*J. Longman*

N° 5



Case of Private Campbell. Drawing to show the course of the incision

N° 6

*L. 111/11*



*Day & Son, London 1874*

Case of Private Campbell. Drawing to show the extent of abduction admissible when made by an assistant. The hand rests supported by the stick.

Wounded in March 1858  
Photographed in April 1862

L III / 12

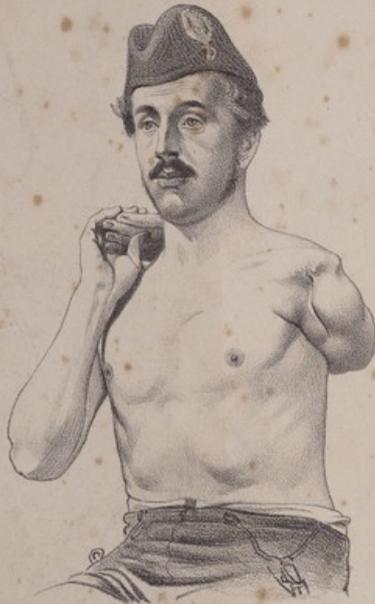
N° 1.

T. Longmore



Case of Serj' Macdonald. Drawing to show the line of incision.

N° 2.



Day & Son, London, R. S. 1862.

Case of Serj' Macdonald. Drawing to show the absence of bone between the Acromion & the divided upper end of the humerus. The arm is completely twisted on itself round the Serjeant's neck the back of the hand being shown over the right shoulder.

on.

Round Ball.

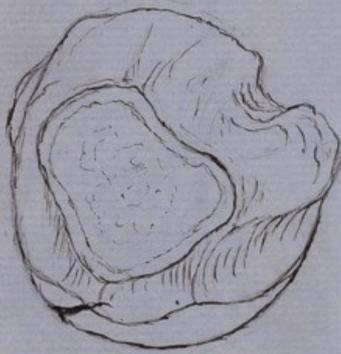
2. 111/13a

Fibrous not extending through  
line of resection.

Fibrous limited.

no 5.

No. 4.



2926B

other side

See Descriptive Cat. of the Coll. of Specs in the Museum of the Roy. Coll. of Surg. of Eng. Suppl. 1, p. 92

"The ball has struck the prome between the greater tuberosity & the articular head of the bone, & in order to posterior aspect, & is firmly fixed in the cancellous tissue of this part, the surface being on a level with that of the bone. A large part of the tuberosity has been broken away & a horizontal fissure extends, in both directions, from the principal seat of injury, more than halfway round the margin of the head of the bone."

*[Faded handwritten notes, possibly describing the specimen's history or location]*



A No. 3

2926 B<sup>3</sup>

Round ball lodged. Head of Humerus. Fracturing not descending below neck.

(turn over)

Conical Bell

Prolonged figuring

no. 1



2926 D

2926 D

Figures extending below line of resection

L. 111/136

no. 2



(See other side)

From Descriptive Catalogue of the Path. Spec. in the Museum of the Roy. Coll. of Surg. of England. Suppl. 1. p. 93.

"The ball has entered the anterior portion of the greater tuberosity & is imbedded in the cancellous tissue, its base being on a level with the surface of the bone, & its apex directed downwards & inwards. The bone is much shattered, spines extending in various directions from the situation in which the ball is lodged; & several large portions are completely detached".

~~Head of humerus, much shattered. Coracoid ball  
lodged.~~



2926 D

Head of Humerus, much shattered. Coracoid ball  
lodged.

(turn over)

L. III / 14



Z. III / 15

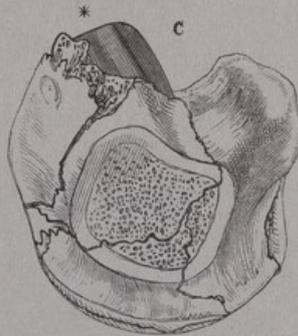
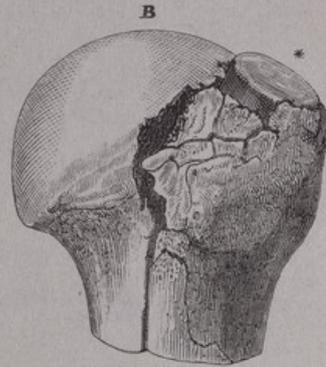


Spec 347



Spec. 347 Any Med. Museum

L. III/16



L. III / 17



Spec. 1907. Am. Mus. Nat. Hist.

Surgeon General's Office.

ARMY MEDICAL MUSEUM.

SPECIMEN 1907. *Comminuted Gunshot Fracture of the left Femur by a Conoidal Ball, which had previously passed through the right Thigh. Death, sixteen Days after the Injury.*

Private John Draker, Company I, 57th Regiment Pennsylvania Volunteers, 25 years old, was wounded while on picket duty on the Rapidan, November 27th, 1863. A conoidal musket ball passed through the muscles of the right thigh, and, entering the middle of the left thigh at its inner side, flattened itself against the femur, and shattered the bone. The patient was transferred to Alexandria by rail, and admitted, December 4th, 1863, to the Second Division U. S. A. General Hospital. He died December 13th, 1863. The specimen is a good example of a comminuted fracture of the shaft of a long bone by a projectile moving with diminished velocity. No attempt at repair.

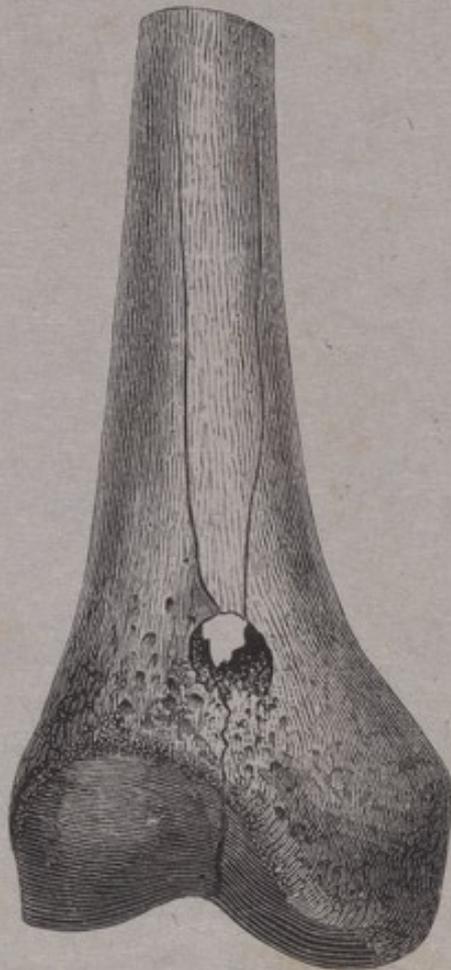
Photographed at the Army Medical Museum.

GEORGE A. OTIS,  
*Surg. U. S. V., Curator A. M. M.*

Partial Fracture.

L. III / 18

Perforation with fissuring



Large fracture seen with this to show  
open, more clearly

Spec 76 Army Med. Dep.

SPECI

Priv  
shot th  
second  
above t  
was tak  
Hospita  
middle  
two day  
perfora

which extend through the diaphysis, are seen running to the middle third of the shaft. A narrower fissure separates the condyles.

Surgeon General's Office.

ARMY MEDICAL MUSEUM.

SPECIMEN 76. *Perforation of the Right Femur, just above the Condyles, by a Musket Ball.*

Private Samuel S. Kopp, Co. E, 10th Pennsylvania Reserves, was shot through the lower third of the right thigh, by a musket ball, at the second battle of Bull Run, August 28th, 1862. The ball entered just above the patella, and made its exit in the popliteal space. The patient was taken, after a few days, to Alexandria, and admitted to General Hospital. On September 20th, 1862, his thigh was amputated at the middle by Surgeon Charles Page, U. S. A. He survived the operation two days. The specimen presents a very good example of a gunshot perforation through the cancellated portion of a long bone. Two fissures, which extend through the diaphysis, are seen running to the middle third of the shaft. A narrower fissure separates the condyles.

L. III / 19

Trochanter Major of Femur penetrated.  
Head & neck of bone uninjured.)



Spec 71. Army Medical Museum  
Excised head of femur

Surgeon General's Office.

ARMY MEDICAL MUSEUM.

SPECIMEN 71. *Upper Fourth of the left Femur fractured by a musket Ball, which afterwards entered the Pelvis. The portion of Bone represented was excised.*

Private ——— was wounded August 28th, 1862, at Gainsville, Virginia, in the engagement between General King's Division and the confederate forces under General Jackson.

The diagnosis was that the trochanters and neck of the left femur were badly splintered, and that the ball had lodged near the acetabulum. The symptoms were grave, and the prognosis unfavorable; but it was decided to remove the fractured extremity of the bone. The operation was performed by Brigade Surgeon Peter Pineo, U. S. Volunteers. The head and the upper fourth of the femur were excised, the shaft of the bone being sawn about two inches below the lesser trochanter. It was found that the ball had entered the pelvis, and that there was internal hæmorrhage.

The patient fell into the hands of the enemy. In all probability he survived but a short time.

The trochanter major is separated into five fragments, and a long oblique fissure produces a complete solution of continuity of the shaft of the femur. (*This incomplete history of the case is compiled from a letter from Medical Inspector Pineo, U. S. A., of December 26th, 1864.*)

Photographed at the Army Medical Museum.

GEORGE A. OTIS,  
*Surg. U. S. V., Curator A. M. M.*

L. III / 20



L. 111/21



9 7/8 inches

Sequestium from  
stump of ang. tree.  
Spec

L. III/22



Sp. 1938, Amy M. M. M. M.

# Surgeon General's Office.

## ARMY MEDICAL MUSEUM.

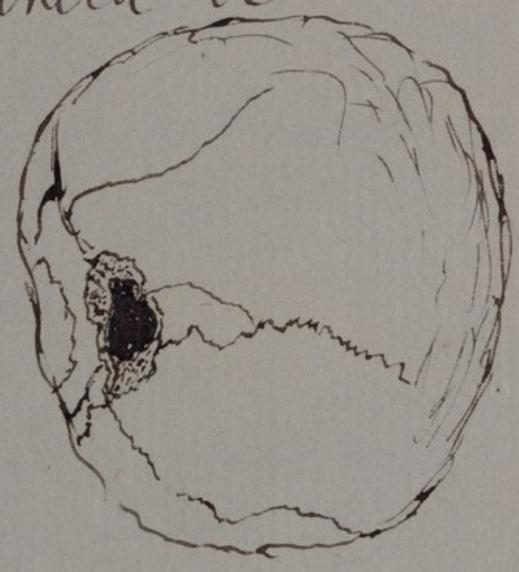
SPECIMEN 1938. *Left Femur of a Confederate Soldier, exhibiting Attempts at Repair of a Gunshot Fracture of the upper Third. The patient survived ten Weeks.*

Private E. W. A —, Company G, 5th Florida Regiment, 18 years of age, was wounded July 3d, 1863, at the battle of Gettysburg, by a conoidal musket ball, which shattered the upper third of the left femur. He was first treated in a field hospital, but on August 5th, 1863, was admitted to Camp Letterman General Hospital. At that date, the patient was reduced by profuse suppuration; he was greatly emaciated, and large bed-sores had formed on his back. On August 12th, a trouble  
some diarrhoea set in.

Whole of L. III / 23.

A front view, showing wound of exit,  
I just taking in the long fissure in  
the frontal bone, would be a  
serviceable addition.

Something in this  
way



Partial Fracture

L. III / 24

Lateral splintering (Anterior view)



ball cut - laminated  
& partly transverse  
back by sharp  
edge of fracture  
bone

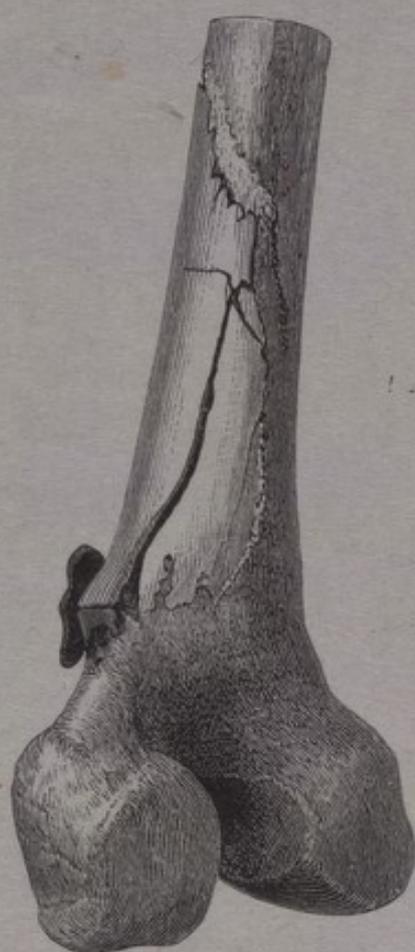
Dec 1788.

Partial Fracture

L. III / 25

Lateral splintering.

(Posterior Vi  
cu)



Spec. 1788, Army Med. Museum



Spec. 1206, Army  
Med. Museum

head into two fragments. It may be regarded as a typical case for the operation of excision of the head of the humerus.

Office.  
L. 111/26  
MUSEUM.

*the head of the right  
Secondary excision.*

o Vol's, was wounded  
th, 1863, was admitted  
l, at Alexandria, Va.  
plored the wound, and  
merus, limited to the  
natory action ensued,  
e patient had a chill;  
and was opened. On

l in the upper part of  
the head, splitting the

Surgeon General's Office.

ARMY MEDICAL MUSEUM.

L. 111/26

SPECIMEN No. 1206 *Gunshot Fracture of the head of the right Humerus. A Conoidal Ball imbedded. Secondary excision. Death.*

Private George Hetz, Company A, 75th Ohio Vol's, was wounded May 2d, 1863, at Chancellorville, and on May 25th, 1863, was admitted into the 1st Division, U. S. A. General Hospital, at Alexandria, Va. On May 27th, Surgeon Charles Page, U. S. A., explored the wound, and finding a fracture of the head of the right humerus, limited to the epiphysis, he performed excision. Much inflammatory action ensued, which was treated by irrigation. On June 4th the patient had a chill; an abscess pointed near the insertion of the deltoid, and was opened. On June 7th, 1863, the case terminated fatally.

The specimen exhibits a conoidal ball imbedded in the upper part of the anatomical neck and articulating surface of the head, splitting the head into two fragments. It may be regarded as a typical case for the operation of excision of the head of the humerus.

L. III / 27



Spec. No. 6. A. M. M.  
Consolidated triple fracture -  
Two years after injury.

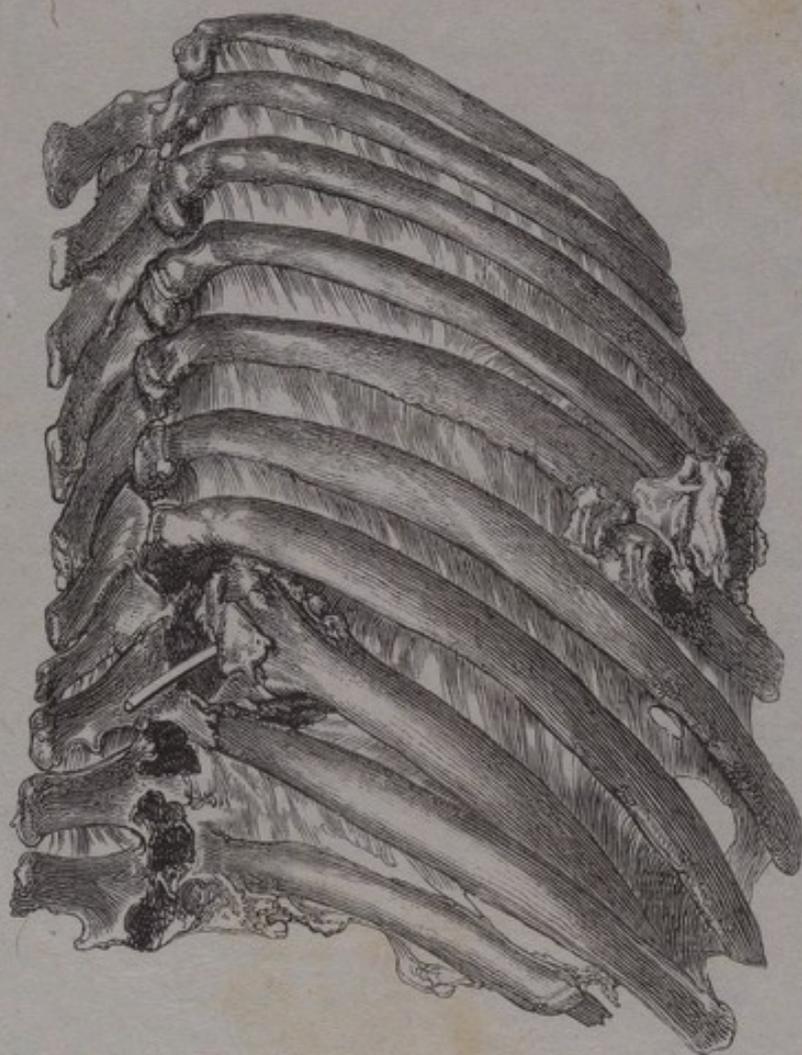
L. III/28

Longman  
Emsley's? of chest



L. III/29

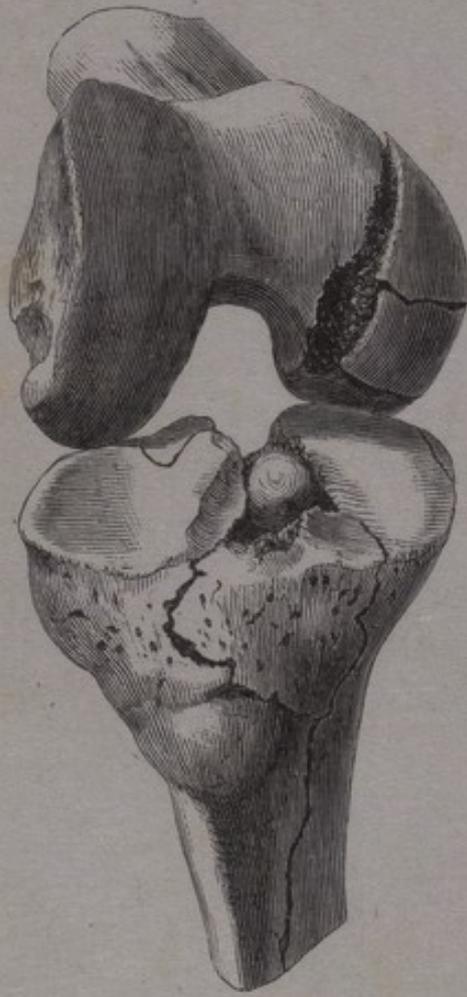
Longissimus  
quadratus? of cervic.  
ij,



M  
I

Trying to joint by round  
ball

L. III / 30



Enlarge photo sent with  
this to show nature of spec.  
more clearly

Spec 1481.

Round ball body of  
on knee joint.

No 59 L. III / 31



# Surgeon General's Office.

## ARMY MEDICAL MUSEUM.

SPECIMEN No. 59. *Lower third of right Femur, the outer Condyle split off by a round Musket Ball. Amputation. Death.*

Private Richard Williams, 28th Pennsylvania Volunteers, was wounded September 16th, 1862, at the battle of South Mountain, by a round musket ball, which entered near the outer hamstring, and lodged between the condyles of the right femur. He was conveyed to Washington, D. C., and admitted into Mount Pleasant U. S. A. General Hospital, September 22d, 1862. On September 30th, his right thigh was amputated, by flap incisions. At this date the limb was excessively swollen; the discharge of pus was profuse; abscesses had burrowed in the soft parts, and irritative fever existed to an alarming degree. The case terminated fatally on October 2d, 1862.

The ball, which remained imbedded in the cancellated structure of the femur, between the condyles, had caused a very oblique fracture into the knee-joint, separating the external condyle from the shaft, and breaking off a fragment from the anterior surface of the inner condyle.

From an officer killed in a duel  
by a pistol ball.

L. III/32



Wound of entrance in ~~posterior~~ anterior  
~~part of frontal bone~~ the anterior and  
right side of frontal bone

Wound of entrance sharp & defined,  
& corresponding with shape of bullet, externally.



Second opening made by the ball  
in the posterior part of the left  
parietal bone. The ball lodged  
here - being covered by the splint of  
bone & the scalp.

Second opening sharp &  
defined & nearly corresponding with shape  
of bullet on its inner, intracranial,  
aspect - enlarged & bevelled on its  
external aspect.

To Artist.

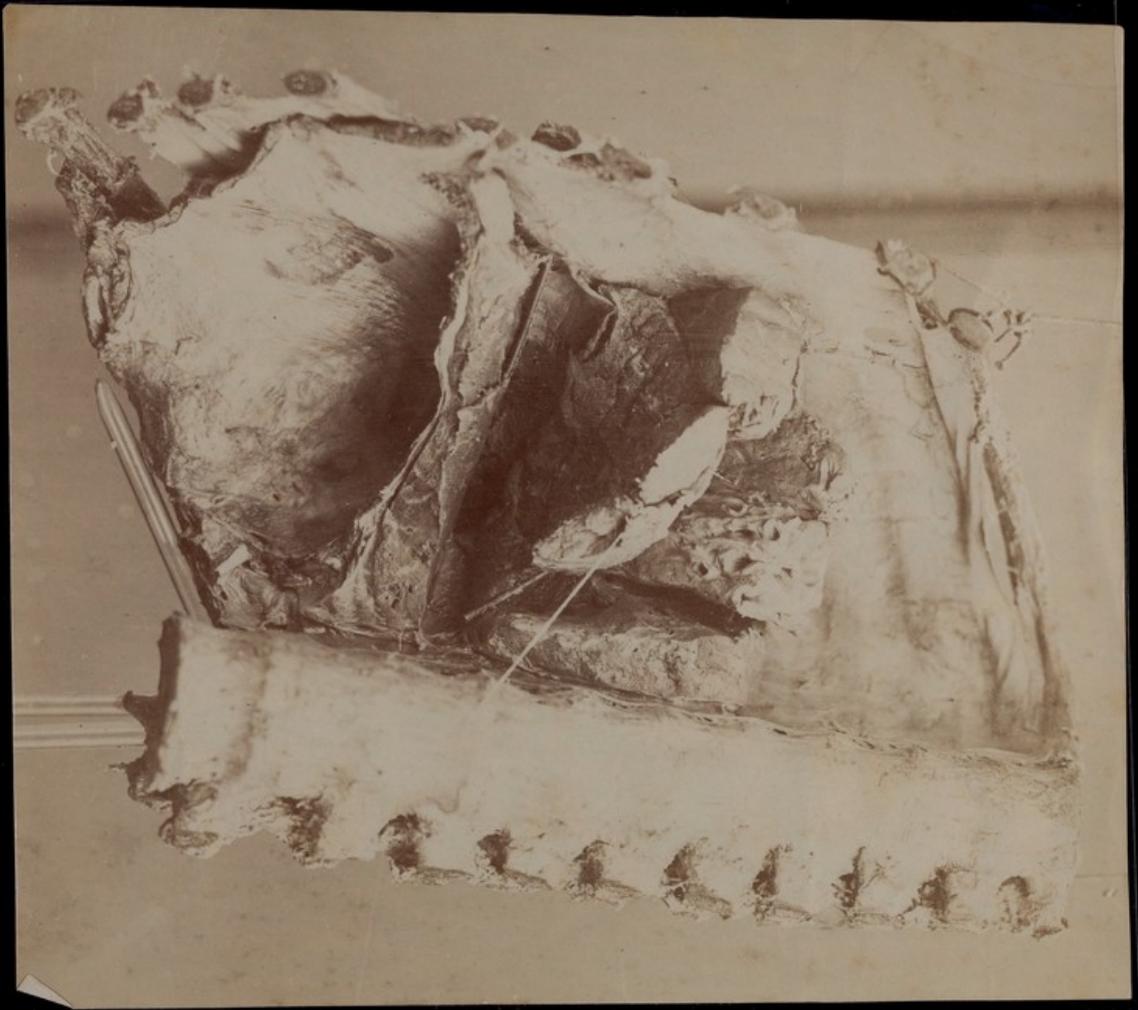
Gunshot Wounds

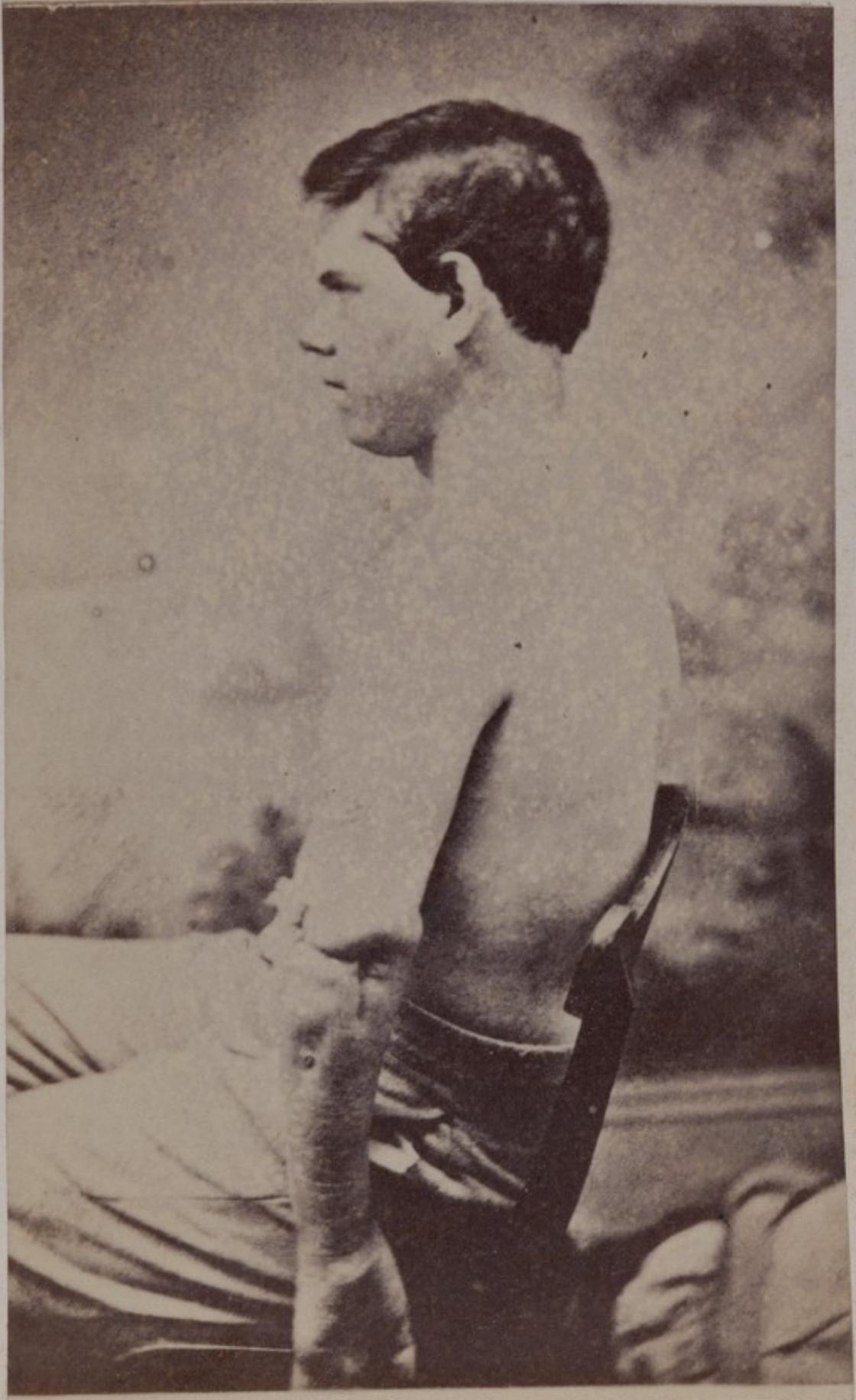
The object of this drawing is to show the difference in shape of the two openings made by the same bullet.

The picture of the second opening in the photo. is confused by the fragments pushed out being shown - these had better be omitted in the drawing.

The preparation is itself sent to be drawn from.

The Museum numbers on the preparation to be omitted in the drawing.





L. 111/34

SURGEON GENERAL'S OFFICE.

Army Medical Museum.

PHOTOGRAPHIC SERIES.



L. III / 38

Spec. 2004

Case of J<sup>th</sup> Freeman

Do: Key -

Taylor's case -

1921/1922





Resecting fracture -

Buttress commenced below

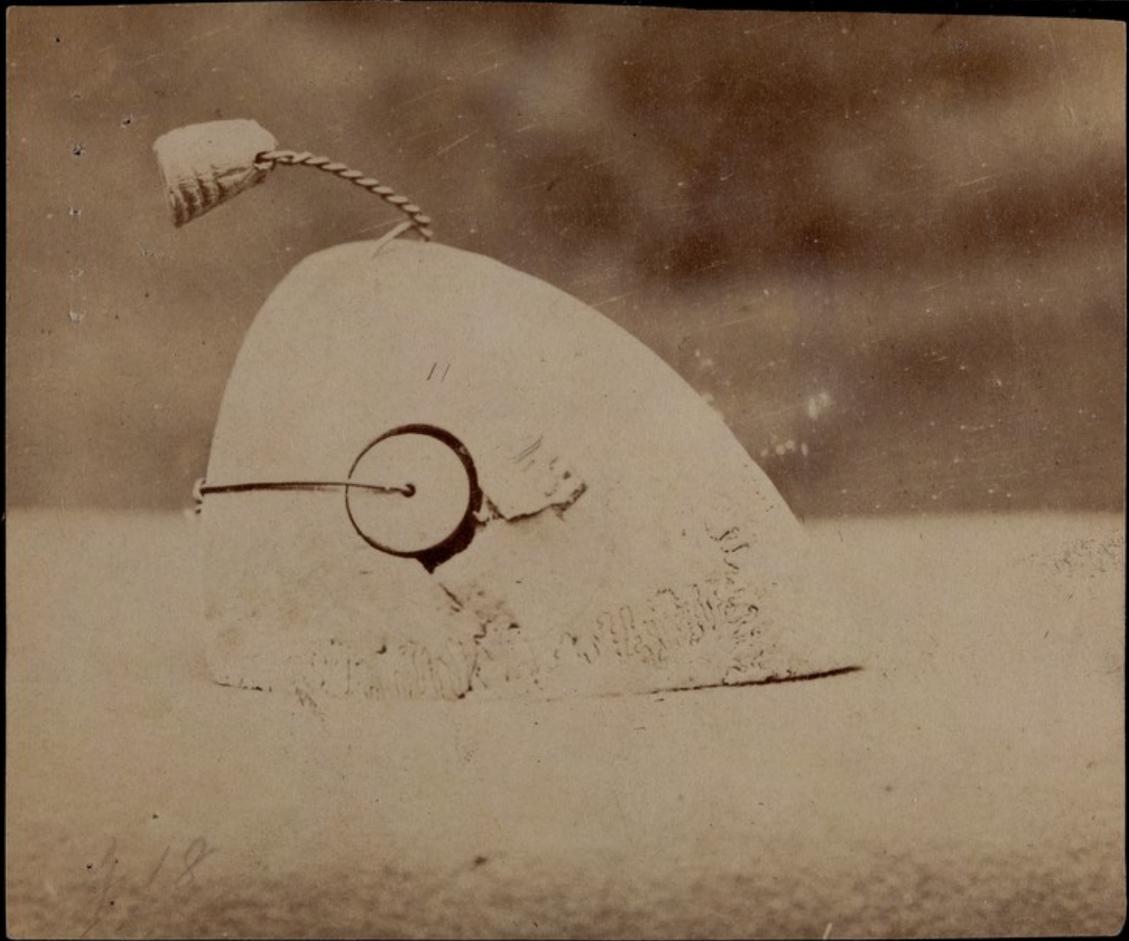
[a]

This to be engraved of same  
size as ⊕ and ~~○~~. The  
bone specimen itself will  
be sent -

2. 11. 356



[a] see remarks on  
back of other photo.



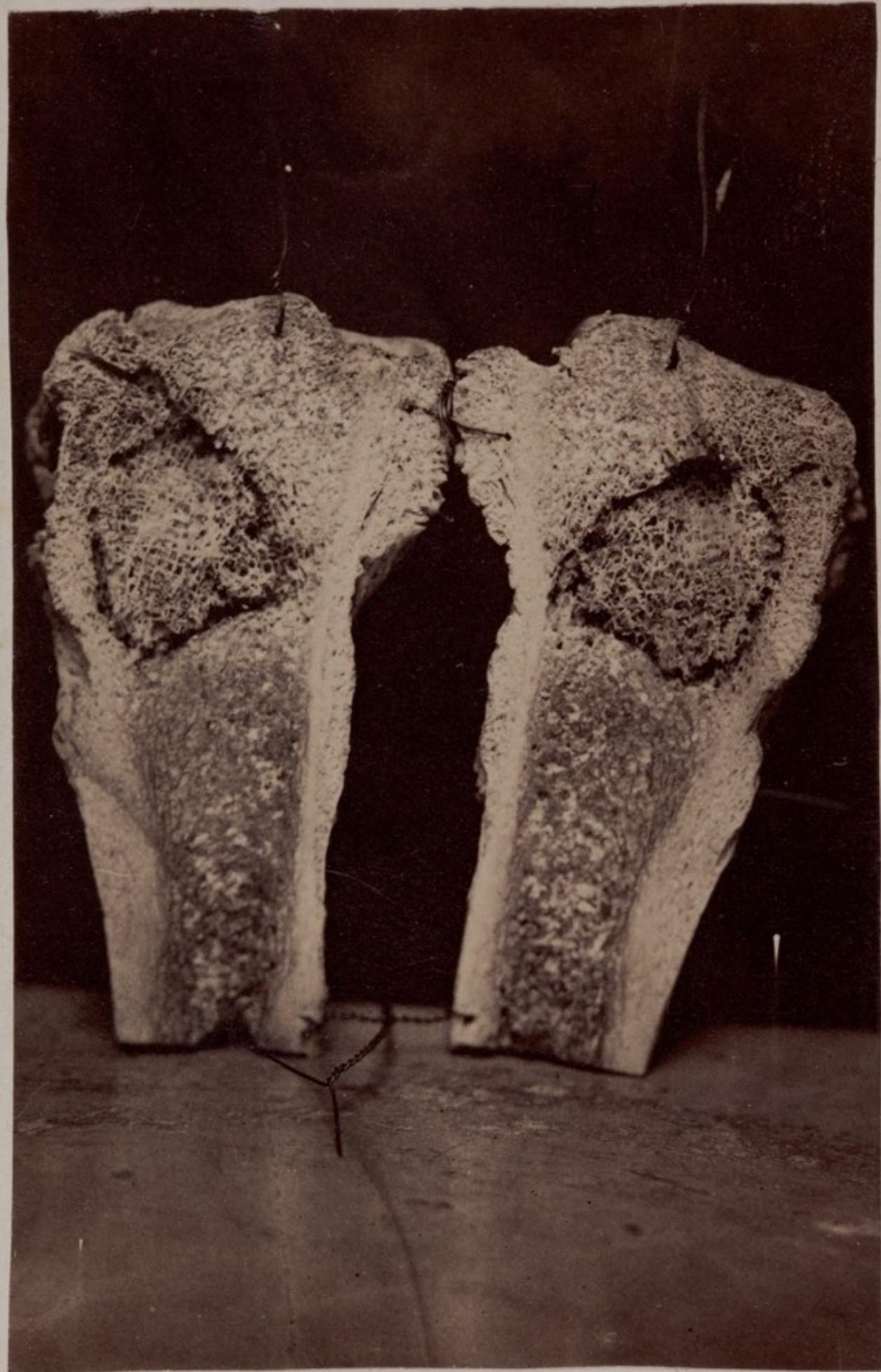


L. III / 37

Alph 481



No. 2740.  
App. 402.



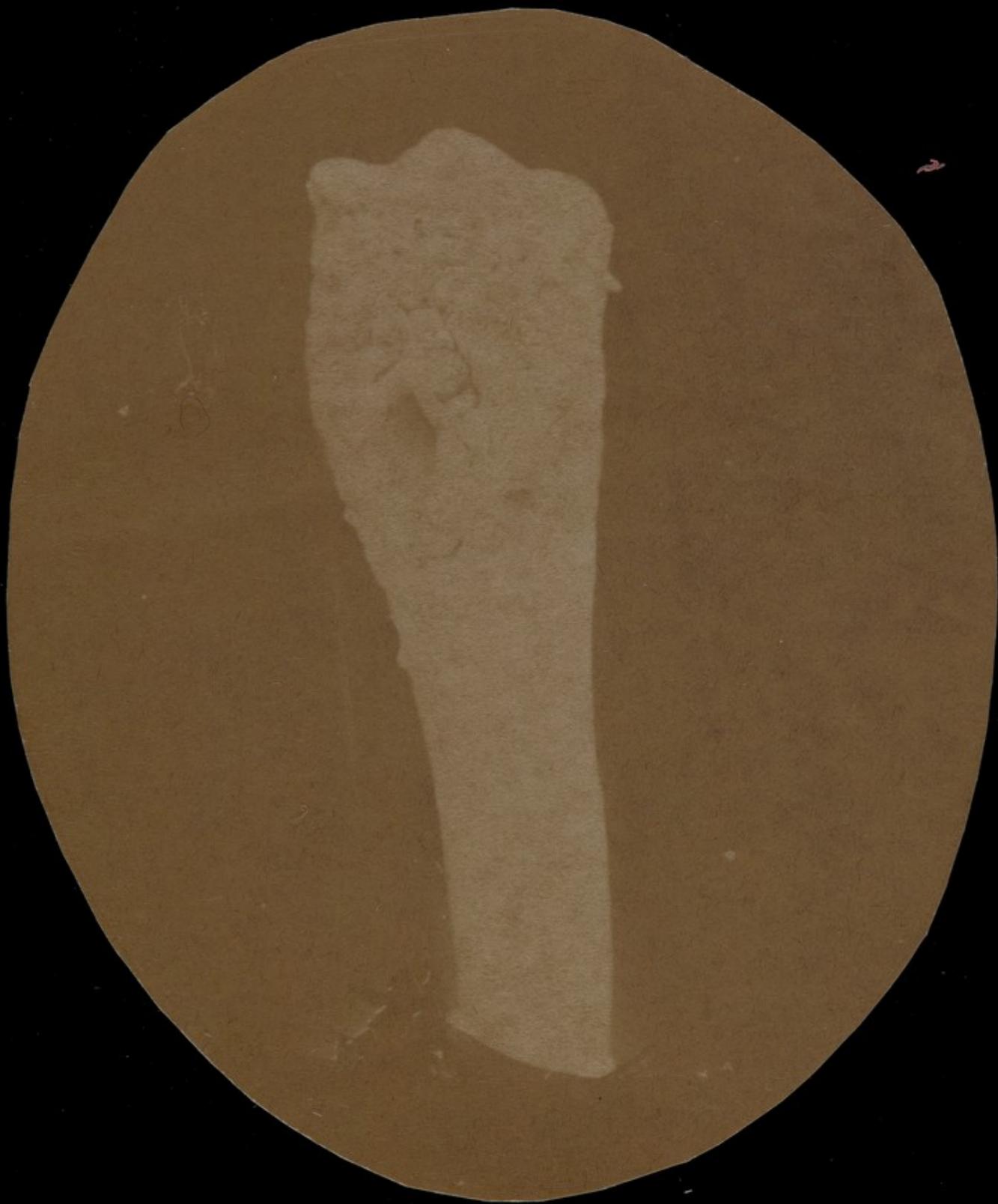
№ 2640.

(№ 2379)



N<sup>o</sup> 2937.

Ann. 433.





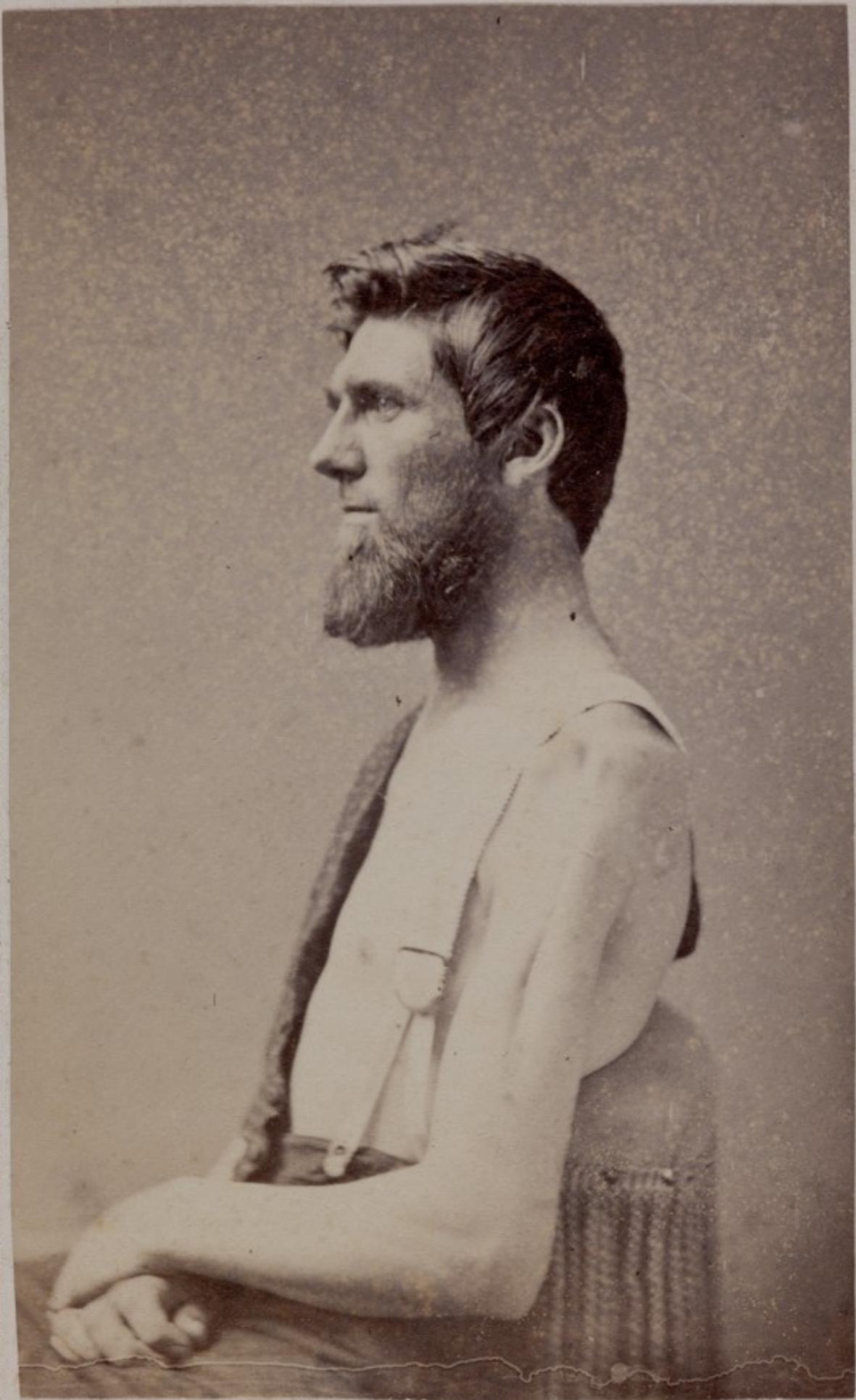
897411

APP 361



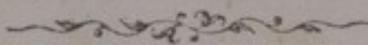
L. 111/44

Dec. 2004  
Case of J. W. Freeman, 100 West

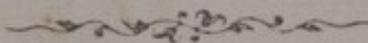


L. III/46.

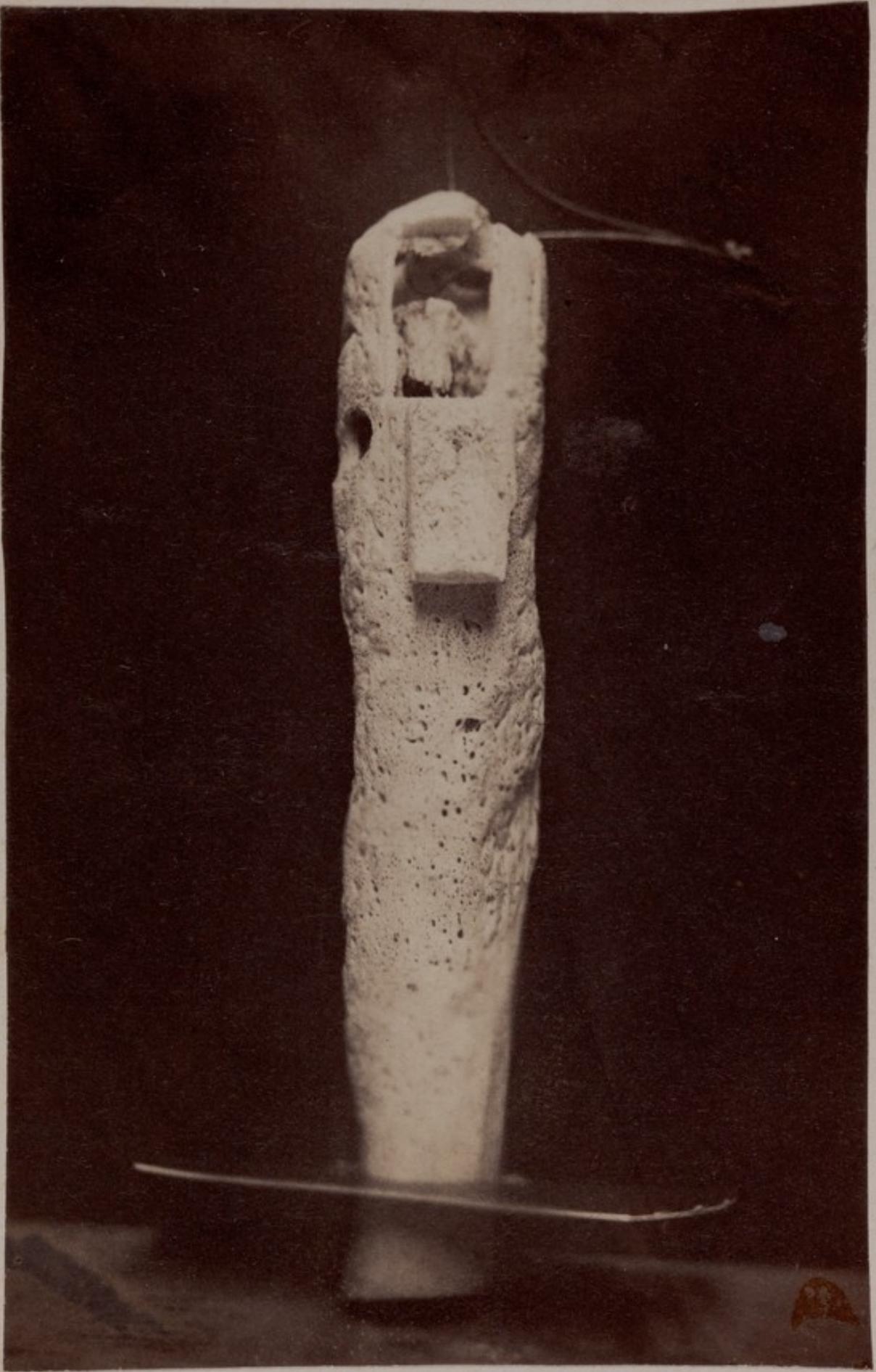
SURGEON GENERAL'S OFFICE.



Army Medical Museum.



PHOTOGRAPHIC SERIES.

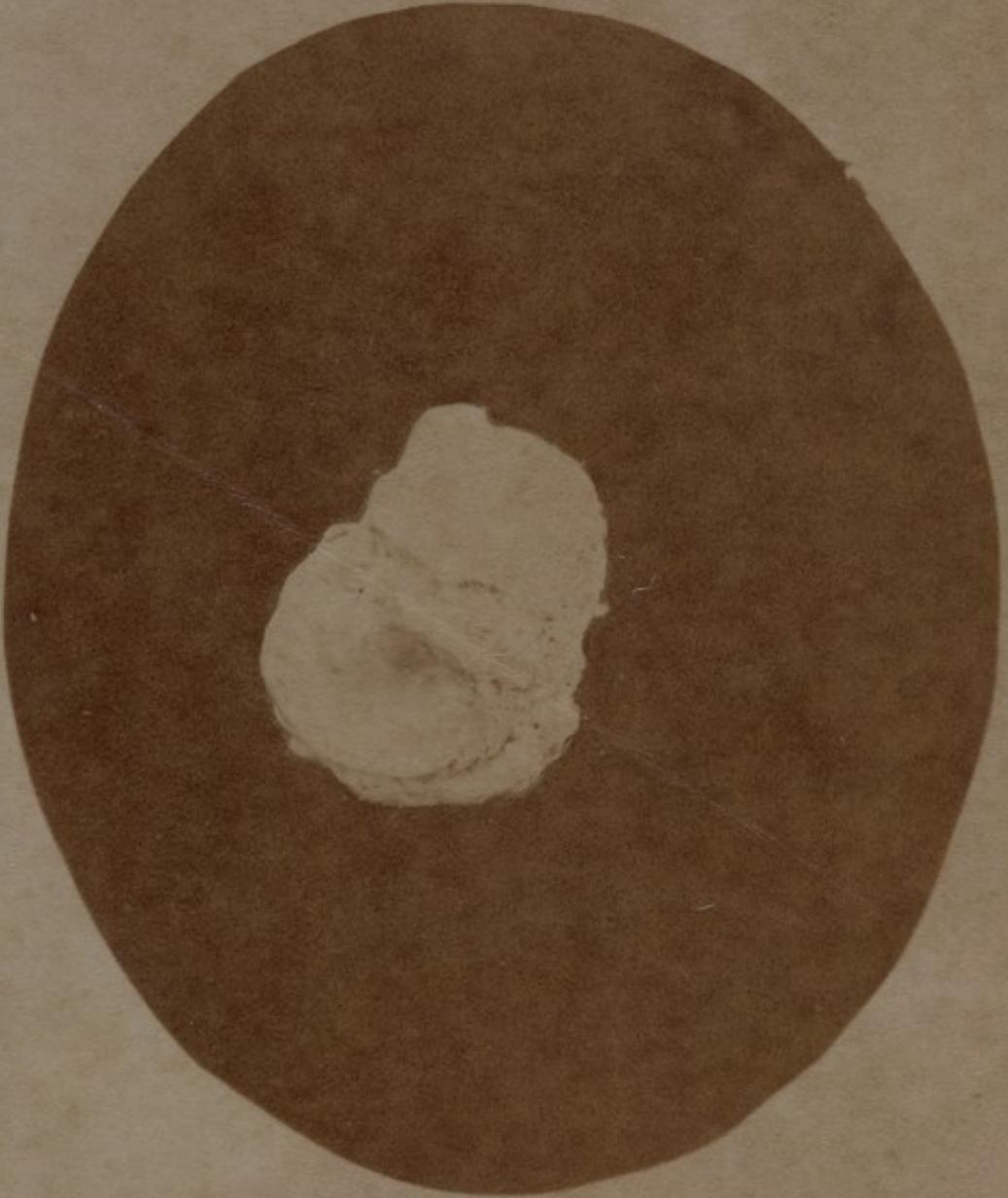


№ 2627  
(2362)

no. 2809



SECOL THETFORD NORFOLK



SECOI THETFORD NORFOLK

## Beschreibung der Tafeln.

### Tafel I.

Die Figur im Centrum stellt eine preussische 15 Pfänder-Granate dar, des Kalibers, mit welchem wir, am 1. September, in Asfeld beschossen wurden. Sie war die einzige, welche nicht explodirte und wurde noch warm aufgehoben. Ihr Bleimantel zeigt die, durch die Züge des Rohrs hervorgebrachten Eindrücke. An beiden Seiten sind Fragmente von Blei und Eisen dargestellt, in welche die Granate zerspringt. Mit Ausnahme der grössten Stücke, wurden die übrigen aus Wunden gezogen. Oberhalb der Granate sind die verschiedenen Projectile des Kleingewehrfeuers dargestellt, einige difform, wie sie aus Wunden gezogen wurden. Der lange, cylindrische Körper ist die Patrone einer Mitrailleuse, wovon 25 auf einen Schuss gehen.

## Tafel II.

Fig. 1. In der Nähe der Condylen des Femur macht die Kugel oft eine, scheinbar ganz reine, runde Oeffnung und doch ist die Splitterung enorm, wie das Präparat zeigt. Man sieht etwas über dem inneren Condylus des rechten Femur, den Eingangspunkt der Kugel. Die Ränder der Oeffnung sind ganz scharf nach aussen, sie schrägen sich aber nach Innen ab, wie man dies auch an Fensterscheiben sieht, durch welche eine Kugel ging. In Tafel IV, Fig. 1, b ist die hintere Ansicht desselben Präparats gegeben, an welcher man die viel grössere und viel unregelmässigere Ausgangsoeffnung erkennt, deren Ränder einige, nach Aussen umgestülpte, Fragmente zeigen. Man kann die Richtung leicht erkennen, welche die Kugel genommen hat, sobald man das Präparat auch nur oberflächlich ansieht.

Fig. 2. Die Fragmente von Schulter- und Ellenbogengelenk, welche bei St. Aubin entfernt wurden. Vid. pag. 90. Mehrere kleine Stücke vom Ellenbogengelenk waren weggeschossen oder sind verloren gegangen.

Fig. 3. zeigt die Wirkung eines conoiden Projectils in vollem Fluge, welches die rechte Tibia durchdrungen hat. Das gemachte Loch ist klein und doch ist die Splitterung sehr gross. Die Kugel hat den Knochen von der Innenseite getroffen und ist an dessen Aussenseite wieder hervorgetreten, wie dies Tafel III, Fig. 3, b dargestellt ist. Der Unterschied in der Grösse der beiden Oeffnungen ist nicht bedeutend. Die Kugel wirkte wie ein Keil, wie die nach verschiedenen Richtungen gehenden Spalten beweisen, welche die ganze obere Hälfte der Tibia betreffen. Das Präparat ist von einem der Fälle, welche erst später zu uns kamen. Es war ein Versuch gemacht worden, das Glied zu erhalten, es ist etwas Callus gebildet, aber wir fanden die secundäre Amputation über dem Knie nöthig. Sie verlief tödtlich, wie so manche ähnliche.

L. III/49b



Tafel 1.

Tafel II.

L. III/49c



**Tafel III.**

Fig. 3, b zeigt die Aussenseite der zerschossenen Tibia, welche schon Tafel II. beschrieben und abgebildet wurde.

Fig. 4. Dies Präparat rührt ebenfalls von einem der spät Aufgenommenen her. Er kam zu uns 14 Tage nach seiner Verletzung, zu spät, um noch eine Operation zu versuchen. Er war schon sehr schwach und starb bald nachher, an Erschöpfung. Die Fractur liegt in der Mitte des rechten Femur, welches in viele Splitter gebrochen ist, welche theilweise, ganz von ihrem Schafte getrennt, in den umgebenden Muskeln steckten. Deformital und Verkürzung waren sehr gross. Auch in diesem Falle hatte etwas Callusbildung Statt gefunden.

## Tafel IV.

Fig. 5. Dies ist ein sehr interessantes Präparat. Der Patient, von dem es herrührt, war am 1. September verwundet und starb an Erschöpfung den 28. des Monats, mit allen Symptomen einer penetrirenden Brustwunde, aber ohne alle andren. Die Kugel kam von vorn, drang an der rechten Seite des Thorax ein und liess Rippensplitter, welche sie mit sich fortriss, in der Pleurahöhle zurück. Sie trat nahe an den Winkeln der 2. und 3. Rippe aus, indem sie beide durchbrach. Sie ging dann schräg nach oben und riss die Dornfortsätze und einen Theil der Bögen des 2. Dorsal-, 1. Dorsal-, 7. Cervical-Wirbels hinweg und trat schliesslich durch den vorderen Rand des linken Trapezius-Muskels aus.

Wir sahen den Patienten erst bei seiner Aufnahme in Asfeld am 9. September. Erst bei der Section kam die Verletzung ihrem ganzen Umfange nach, zum Vorschein. Der Rückenmarkscanal war in weitem Umfange freigelegt, es lag ein Stück Tuch darin, von der Grösse eines Guldenstücks. Das Rückenmark und seine Häute waren nicht verletzt. Nur dadurch lässt sich das merkwürdige Factum erklären, dass auch nicht das geringste Symptom von Spinal-Affection nachzuweisen war, während der ganzen 4 Wochen, die der Mann noch lebte und dass er einzig und allein an den Folgen seiner penetrirenden Brustwunde starb.

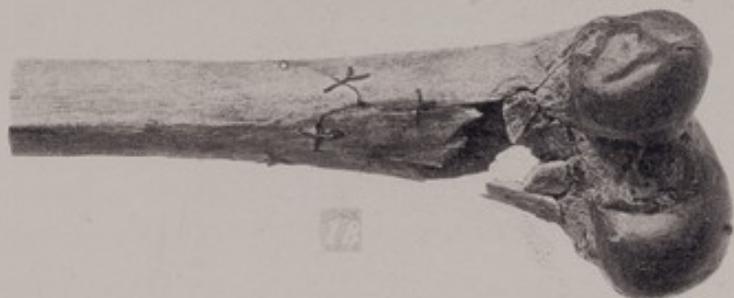
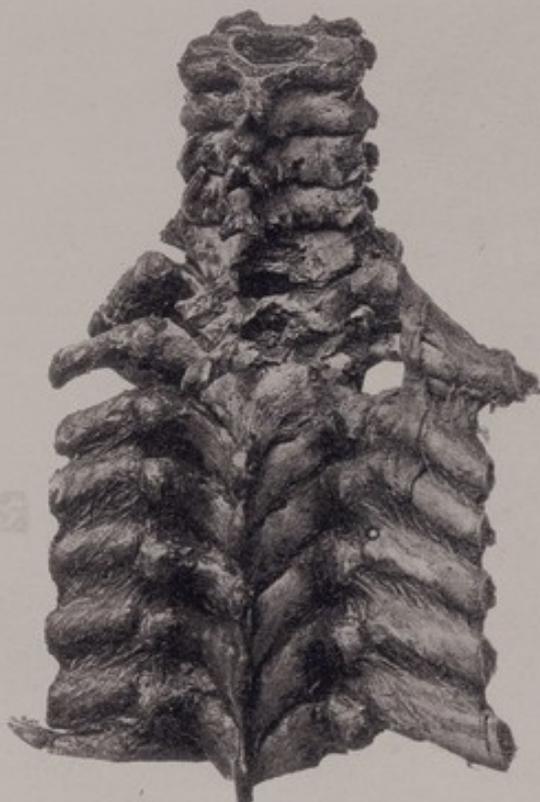
Fig. 1,b giebt die hintere Ansicht von Fig. 1. Tafel II.

Tafel 3.

L. III/49e



L. III / 49 f  
Tafel 4.



Z. III/499

Tafel V.

Fig. 6. Der linke Humerus, durch dessen unteren Theil ein kleiner Granatsplitter gegangen ist. Es ist viel Callus ausgeschwitzt. Der Patient starb an Pyämie.

Fig. 7. Ein grosser unregelmässiger Schusscanal durch den inneren Theil des oberen Endes der Tibia, durch ein preussisches Langblei verursacht. Die secundär gemachte Amputation verlief tödtlich, durch Pyämie. Die vollständige Erosion des Knorpels der Condylen des Femur lässt sich in der Abbildung sehr gut wahrnehmen.

## Tafel VI.

Fig. 8. zeigt eine fast vollständige Zertrümmerung des unteren Endes der Tibia mit Fractur der Fibula, durch ein preussisches Geschoss. Es ist viel Callus ausgeschwitzt. Es wurde mit Erfolg amputirt.

Fig. 9. Tibia und Fibula, durch Amputation über dem Knie entfernt. Das Nähere ist in Fall LIII. erzählt, pag. 114. Die Kugel hat einen tiefen Eindruck vorn in der Tibia gemacht, dabei aber zugleich einen Spiralbruch erzeugt, von welchem nur ein Theil sichtbar ist, wie er nach oben fortgeht.

Tapel 5.

L. III/49h



Tafel 6. L. 111/49c



## Tafel VII.

Fig. 10, nach dem linken Femur eines Mannes, welcher secundär amputirt wurde. Er war auch einer von den spät Angekommenen, man konnte nicht begreifen, warum er nicht gleich amputirt sei. Gelenkschüsse, sogar am Knie, können Schwierigkeiten in der Diagnose machen, aber wenn die Kugel gerade durch die Patella gegangen ist, dann sollte man glauben, dass ihr Verlauf nicht schwer zu ermitteln sei.

Es war ein preussisches Langblei, welches nach ausgiebiger Zersplitterung der Patella und nach Absplitterung des inneren Condylus, wie die Abbildung zeigt, im unteren Ende des Femur stecken geblieben ist.

Fig. 11. Der Mann, welcher diese Verletzung erhielt, muss gerade gekniet haben. Ein bayerisches Projectil hat der Vorderfläche des unteren Theils des Femur eine tiefe Rinne eingegraben und hat sich, nach Absprengen des äusseren Condylus, im Schafte des Knochens eingekeilt, da wo der Knochen härter und dichter war und die Propulsionskraft des Geschosses abnahm. Das Projectil ist sehr difform geworden.

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Um Missverständnissen vorzubeugen, ist es vielleicht nicht unnütz zu bemerken, dass an einigen Präparaten die Fragmente durch Drähte an einander befestigt worden sind, um dieselben so abbilden zu können, wie sie im Leben gelegen haben.

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Tafel. 7.

Z. III/49k



