NOTE ON AN UNUSUAL COMPLICATION MET WITH DURING OPERATION FOR PUNCTURED WOUND OF ABDOMEN.

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A CAVALRY trooper was admitted to the Station Hospital, Lucknow, on May 14th, 1903, for wound of the belly-wall.

An hour before admission he was at lance practice and, whilst going at a gallop, dropped his weapon. The horse stepped on the butt end and the point flew up, penetrated his saddle wallet and entered his abdomen just above the pubes, the weapon breaking off about eighteen inches down. The broken shaft and steel portion was withdrawn from abdomen, and the patient sent in to hospital at once. An hour after the accident his condition was as follows: Shock marked, belly wall rigid and tender, and suffering continuous pain.

On examination a jagged wound, one inch long in vertical direction immediately above the pubes, was seen, and there was around it a large rounded swelling like a hæmatoma. On separating the lips of the wound a knuckle of gut was seen lying bare at the bottom of the wound. A catheter withdrew clear urine. He was taken at once to the theatre. He took chloroform badly, and the rectus, was rigid all through the operation. The wound was extended upwards to total extent of nearly four inches.

The rectus had been split by the lance for three inches and the coils of intestine bulged forward under the skin, giving the appearance suggesting hæmatoma before operation.

Two coils of intestine were drawn out from the grasp of the rigid rectus, and two perforations were found each the size of a pea and both pouting mucous membrane.

Both were united with a double row of Lembert sutures, about six sutures to each row being used, making 24 sutures in all. Fine silk was used for this purpose.

The mesentery was bruised and lacerated and one perforation lay on this damaged mesenteric attachment, and the second on the free side. The coils could not be pulled far down, partly it was thought owing to the rigid rectus and partly to the fact that the mesentery was put on the stretch.

The neighbourhood of the coils was flushed with salt solution; no further fæcal contamination was found.

The coils were returned and the rectus stitched with silk and then the aponeurosis and skin each separately. No drain was inserted.

The operation lasted just under the hour. For the first 36 hours he did well, then symptoms of general peritonitis came on, and he died just 48 hours after the operation and 50 after the accident.

Post-mortem examination revealed the following condition. The skin wound was healing. The rectus was also firmly united. The two coils were drawn out, and I was surprised to find them perfectly free from peritonitis, and the two operation wounds were on the way toward union and requiring firm traction to separate them.

The wound was extended up and a gush of pus followed; the explanation was this; the lance had punctured the skin, split the rectus, punctured the peritoneum and wounded the intestine. When it was withdrawn, two coils of gut followed through the peritoneal wound forming a traumatic post-parietal hernia, and burrowing for themselves a large sac outside the serous membrane and in the retropubic tissues. The peritoneal cavity and the artificial sac were quite distinct, and the former contained pus and fæcal matter derived from a third and larger intestinal wound higher up, which had not been discovered at the operation.

Remarks.—In the various books which I have at my disposal I find no reference to this rare complication, nor in a fairly extensive reading and clinical experience do I remember to have met with it. On this account, therefore, I think the case should be put on record. Three factors conspired to prevent the exact state of affairs being recognised. Firstly, because even after a penetrating abdominal wound and even the several coils of intestines had been brought out to view, the peritoneal cavity had not been opened up.

The rigidity of the rectus prevented a full view of the depths of the wound and, thirdly, the collapsed condition of the patient negatived a prolonged search being made for possible complications. The facts of the case point toward the desirability of a free incision and of total evisceration in any case of abdominal injury of doubtful extent.

A UNIQUE PIG-STICKING ACCIDENT.

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LIEUTENANT X, who has been under my care, met with the following rather unique accident:—

On coming up with the pig, he stuck it by a lunge movement, the pig being ahead of him. The pig then ran across the pony's front, and the spear shaft, striking the pony's off shoulder, was knocked out of the rider's hand. At the same time the weighted end came to ground well forward, the spear was jerked out of the pig, and its point turning in an upward direction, penetrated the near shoulder of the pony, passed through the chest wall, emerging through the numdah at the corner between the flap and seat of the saddle, having passed between the pony's