

wounds of the thumb had quite healed. The splints were removed, and passive motion commenced in the thumb. The bowels were inclined to be costive, and never acted except under the influence of medicine or enemata. The rectum was examined, and found to be intact, but somewhat contracted at the site of the wounds.

Patient left the hospital on the forty-first day, quite well, having fairly good use of his thumb, and complete control over his bowels. At home he went on well, except that he had three attacks of orchitis in a month, started apparently by over exertion, the urethral discharge having ceased for about a month. The diameter of the motions passed, though smaller than usual, showed no sign of further diminution.

REMARKS.—Amongst the other interesting points in this case are the remarkable escape of the patient from almost instantaneous death by wounding of the femoral artery; the absence of faecal extravasation, and the small amount of constitutional disturbance caused by the injury. The experience of military surgeons tends to prove that, as compared with penetrating wounds of the abdomen, wounds of the pelvis are far less fatal; owing probably to the fact that in some abdominal wounds, the reparative efforts of nature can be assisted by art to a very limited extent only. In penetrating wounds of the pelvis it is obvious that if the great vessels and that part of the bladder or rectum covered by peritoneum escape, the risk to the patient is very much lessened.

In military surgical practice, bullet wounds of the pelvis accompanied by wounds of the rectum are not infrequent, though they are rarely uncomplicated. The injury calls for serious attention, as both the safety and comfort of the patient depend upon the result of the treatment employed.

During the American war, 103 cases

of shot wounds of the rectum were reported, of which 44, or 42.7 per cent, proved fatal. In one instance only was it reported that the bullet passed through the obturator foramen, rectum, and sacro-sciatic notch, but in that case it passed through the obturator foramen first, and the patient died on the thirty-ninth day of secondary hæmorrhage, from one of the inferior hæmorrhoidal arteries.

In forty-six cases concomitant fractures of the pelvic bones were noticed, the osseous lesion being specifically referred to the pubes in eleven cases. By implication, however, the reports indicated the existence of pelvic fracture in a much larger proportion of cases than forty-six in 103.

Pelvic cellulitis, and septicæmia from faecal infiltration, diffuse suppurations, and other consequences of osseous lesions and secondary hæmorrhage from injured branches of the iliac arteries, were the most frequent causes of death. Thirty-four of the cases, of which fourteen proved fatal, were complicated with wounds of the bladder. A large proportion of the cases that recovered resulted in paralysis with incontinence of fæces, or obstinate constipation, stricture, muscular contractions and atrophy, sinuses leading to various parts of the pelvis or recurrent abscesses. Guthrie says, at the close of his classical commentaries, that, "The rectum may be wounded without any other organ being wounded within the pelvis; of this I have seen several instances." Dr. Fehr relates a case that occurred in the Franco-German war, in which a soldier was shot through the right obturator foramen, the bullet traversing the lower part of the rectum and escaping at the great sacro-sciatic notch. Fæces passed through the wound of exit. Death on the eleventh day. Dr. Fehr adds: "The wounded man might perhaps have been saved by the immediate splitting of the external sphincter;