FRACTURE OF THE PELVIS WITH RUPTURE OF THE
ABDOMINAL WALL.

DR. ASTLEY P. C. ASHHURST reported the case of a man, 26 years of age, who was admitted to the Episcopal Hospital, in the service of Dr. Davis, Jan. 1, 1908. He had been caught between two trains, his pelvis having been crushed laterally. There was no marked shock on admission. There was a comminuted fracture of the crest of the right ilium, from the region of the anterior superior spine backwards for about four inches, the larger fragment being about two inches in breadth and four inches long. There were no particular symptoms of intra-abdominal injury. Urine drawn by the catheter was clear. There were numerous abrasions and contusions, and there were several immense hæmatomata in the subcutaneous tissues of right flank, external iliac fossa, right buttock, upper part of thigh, sacrum, and lumbar spine. Below the right costal border a rent in the abdominal muscles was clearly palpable through the skin, which was nowhere perforated. As the hæmatomata steadily increased in size, it was determined to attempt the repair of the abdominal wall and the replacement of the fractured bones, and to exclude intra-abdominal injury by exploration.

Accordingly, at midnight, four hours after the injury, a transverse incision was made at the level of the umbilicus, over the most evident seat of injury. This incision extended from the right semilunar line outward for three or four inches. Over a pint of fluid and clotted blood was evacuated, and a large and ragged rent was found in the oblique and transversalis muscles of the abdominal wall, with the lower intercostal nerves, apparently intact, spanning the gap like fine silken threads; a coil of gut, covered only by the parietal peritoneum, bulged into the wounded area. The peritoneum was opened, and two fingers inserted for exploration at once caught hold of a long, thick, and rigid appendix, which was drawn out for inspection: The appendix was not inflamed, but contained a firm concretion near its tip, and its lumen was distended with fecal matter of the consistence of putty, thus accounting for its rigidity. The appendix was removed. A gauze sponge, passed into the pelvis, found no evidence of blood or fæces, so the peritoneum was closed. The rupture in the transverse muscles was repaired in layers, by buried sutures of chromic gut, and the skin incision was then enlarged