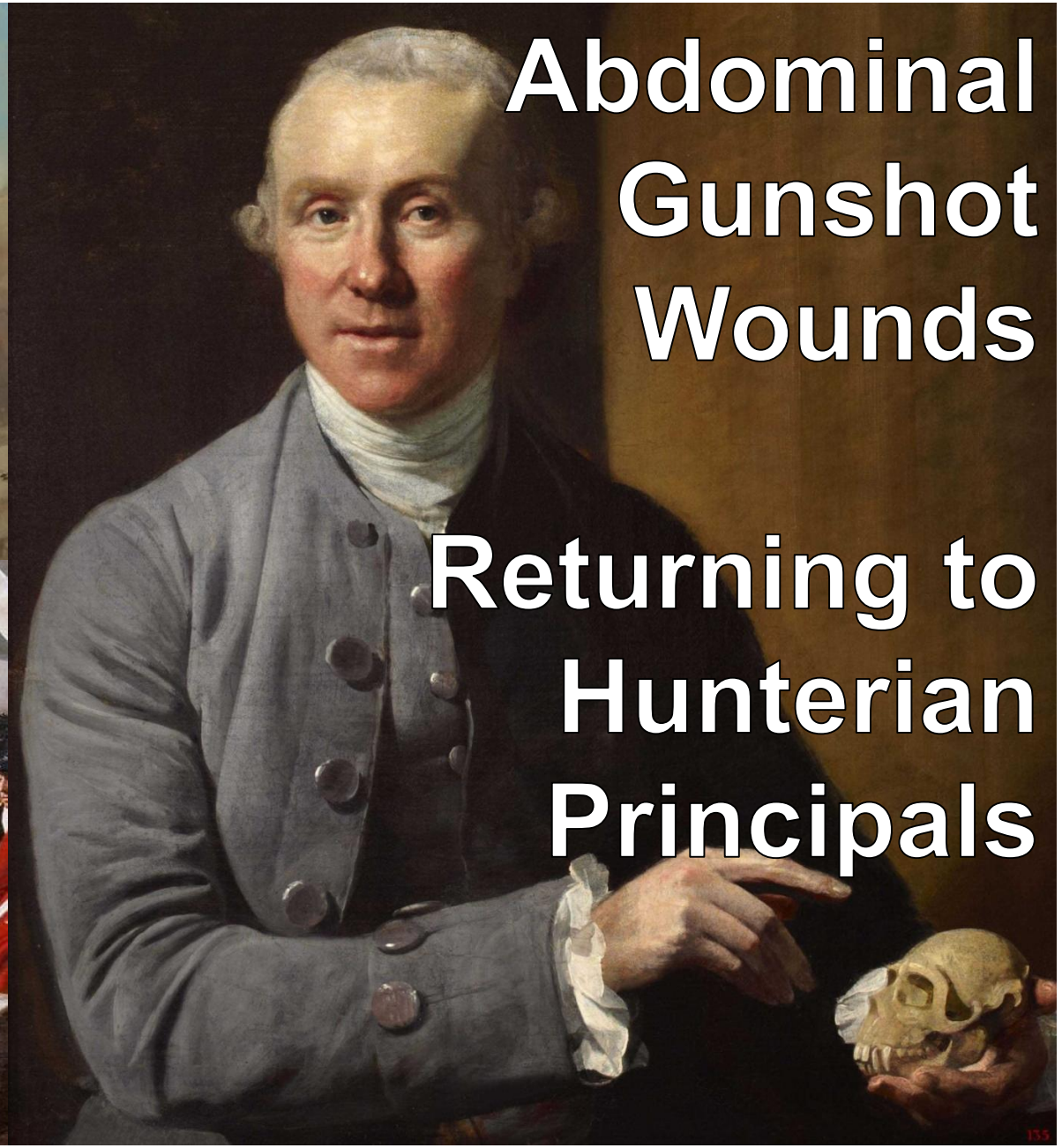
Affiliations

- Medical Officer (Regular), Royal Army Medical Corp, Army Medical Services Support Unit British Army, Robertson House, Sandhurst.

- Anaesthetics Trainee, Joint Hospital Group South, Queen Alexandra Hospital, Portsmouth.



Abdominal Gunshot Wounds

Returning to Hunterian Principals

Penetrating Wounds of the Abdomen

Hunter viewed *"operative surgery [is] a mutilation of the patient and an admission of failure to cure by more physiological means."*

"What is the best practise where it is supposed an intestine may be wounded? I should suppose the very best practise would be, to be quiet and do nothing."

"*Inflammation in itself is not to be considered as a disease, but as a salutary operation, consequent either to some violence or some disease*"

John Hunter *1728-1793*

Charles Bell 'Gunshot Wound of Abdomen' Royal College of Surgeons of Edinburgh, 1809

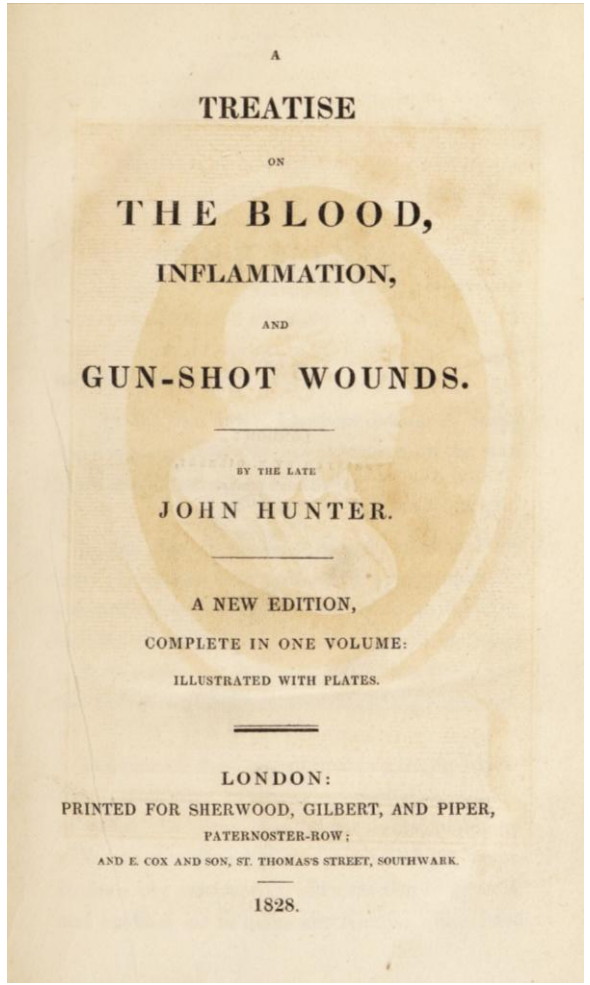
Judicious Bloodletting

Supportive Tx: smoke enemas, willow bark and bloodletting.

“Bleeding is recommended in gun-shot wounds... this helps to empty the vessels of the part, to lessen the inflammation sooner.”

“But I must own that bleeding must be used with great caution...where inflammation and fever run very high...will be reducing him often too much for the constitution to support life.”

John Hunter *1728-1793*


A

TREATISE

ON

THE BLOOD,

INFLAMMATION,

AND

GUN-SHOT WOUNDS.

BY THE LATE

JOHN HUNTER.

A NEW EDITION,

COMPLETE IN ONE VOLUME:

ILLUSTRATED WITH PLATES.

LONDON:

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1828.

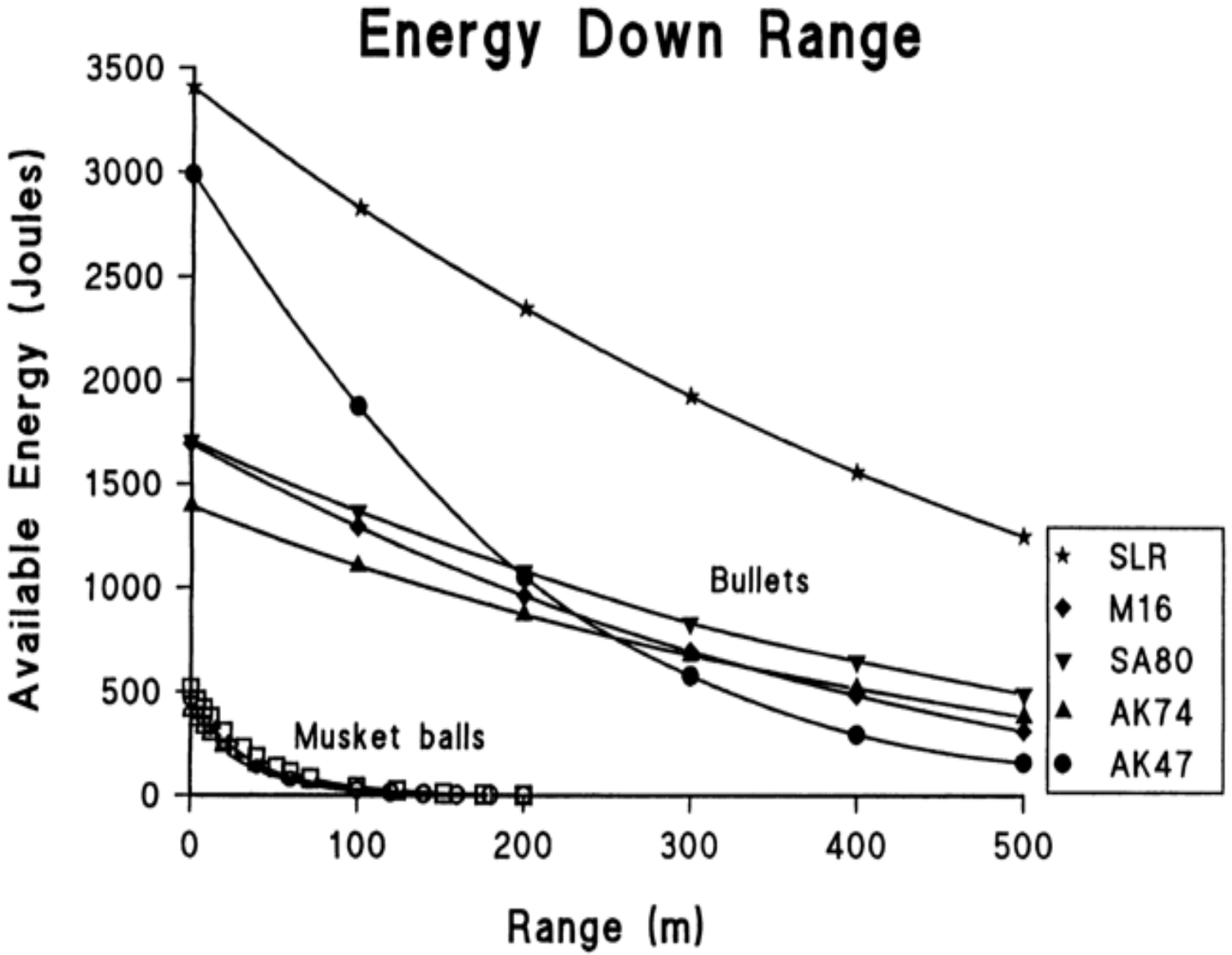
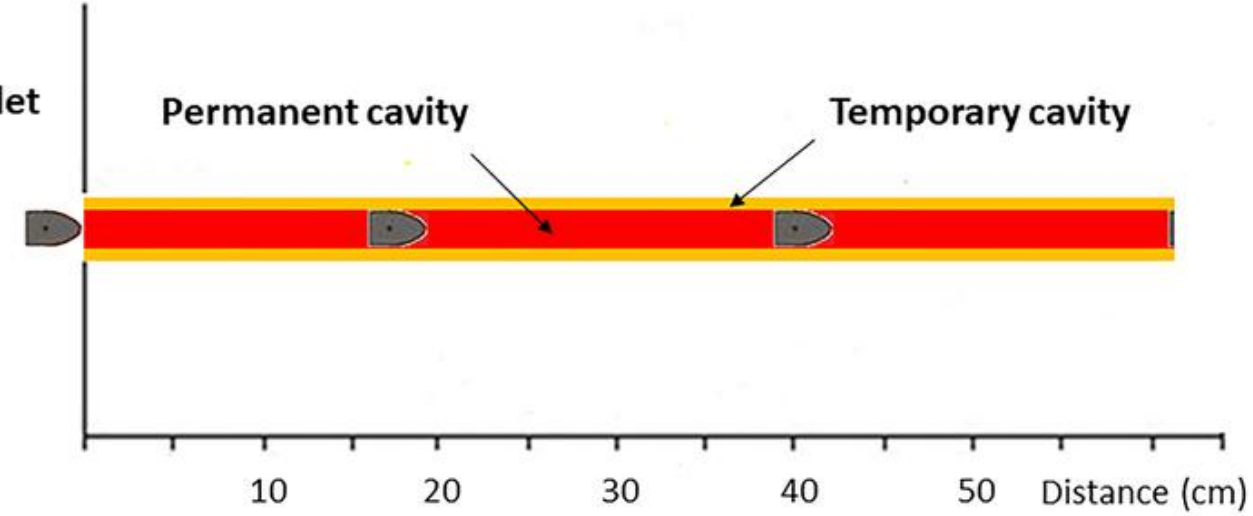


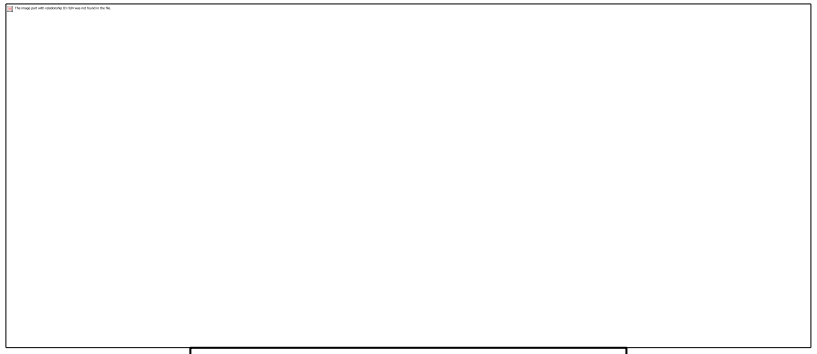
Figure 1 Kinetic Energy of musket balls compared to modern bullets at different ranges.

Ballistic Characteristics of Modern & Historical GSW

Flintlock Musket 1730-1867

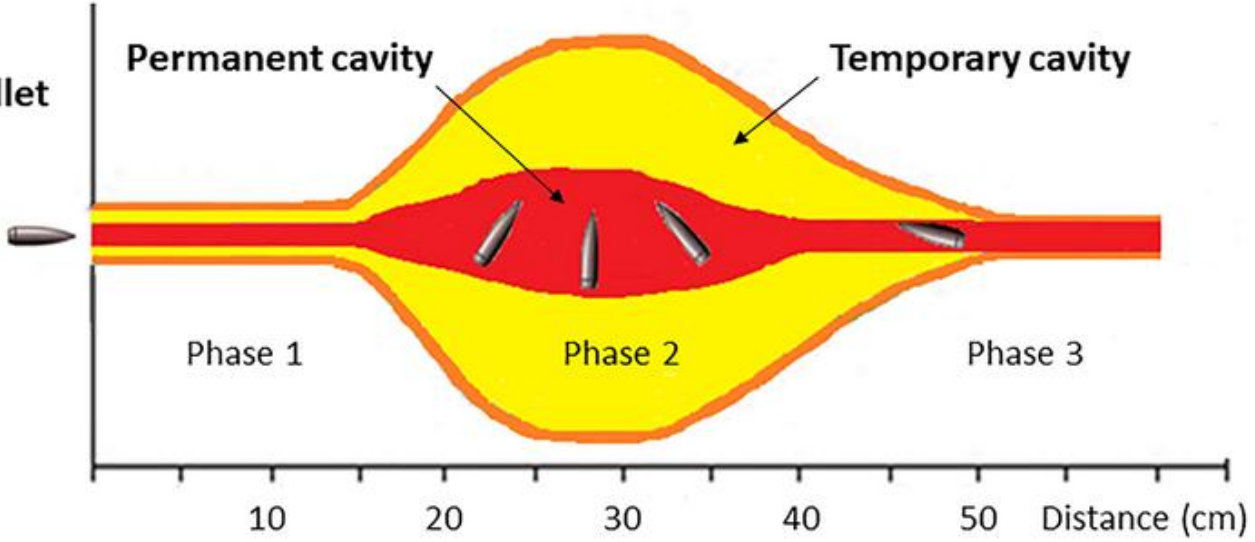
Low velocity bullet
∅ 9 mm
v = 350 m/s



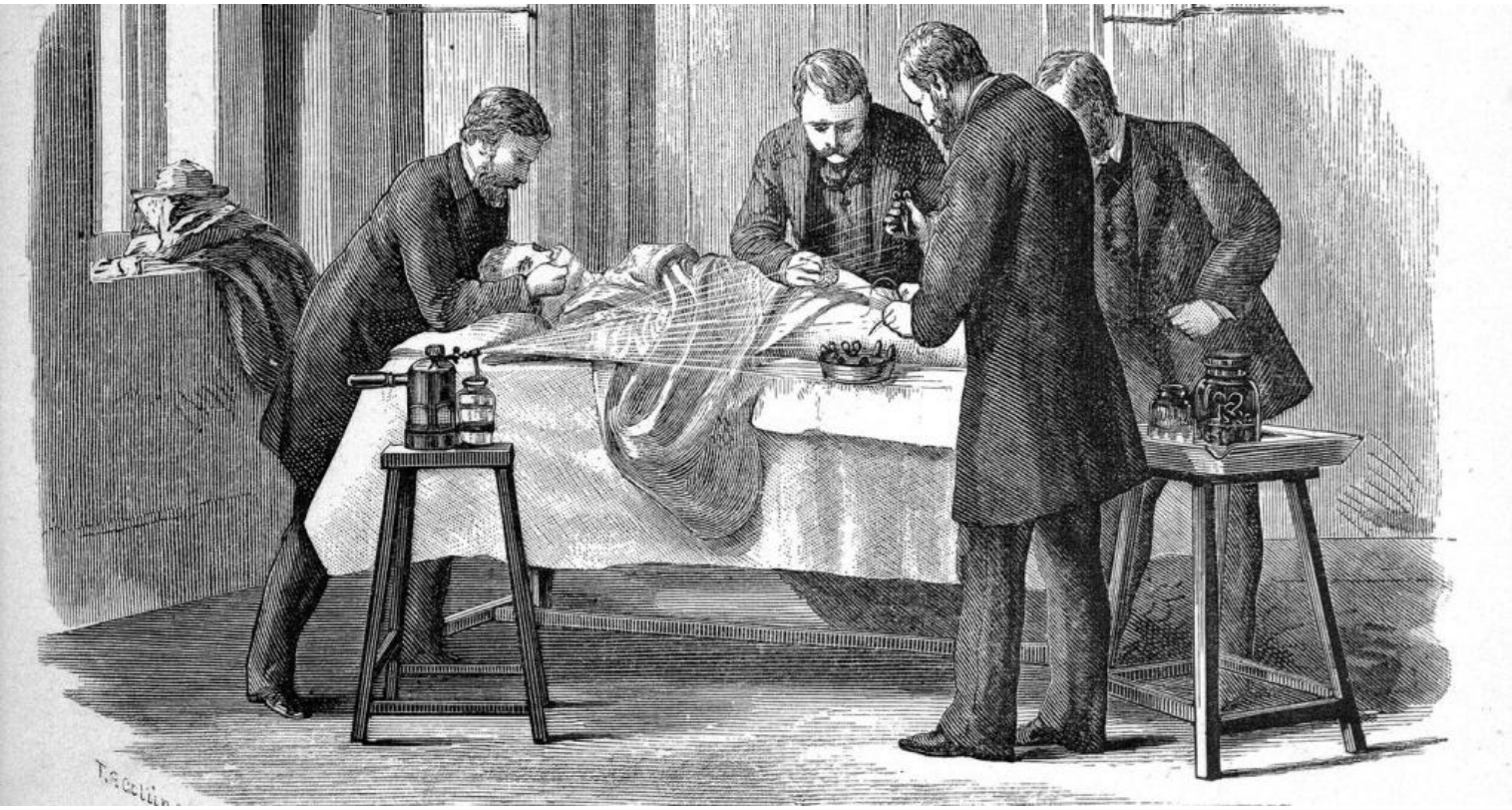


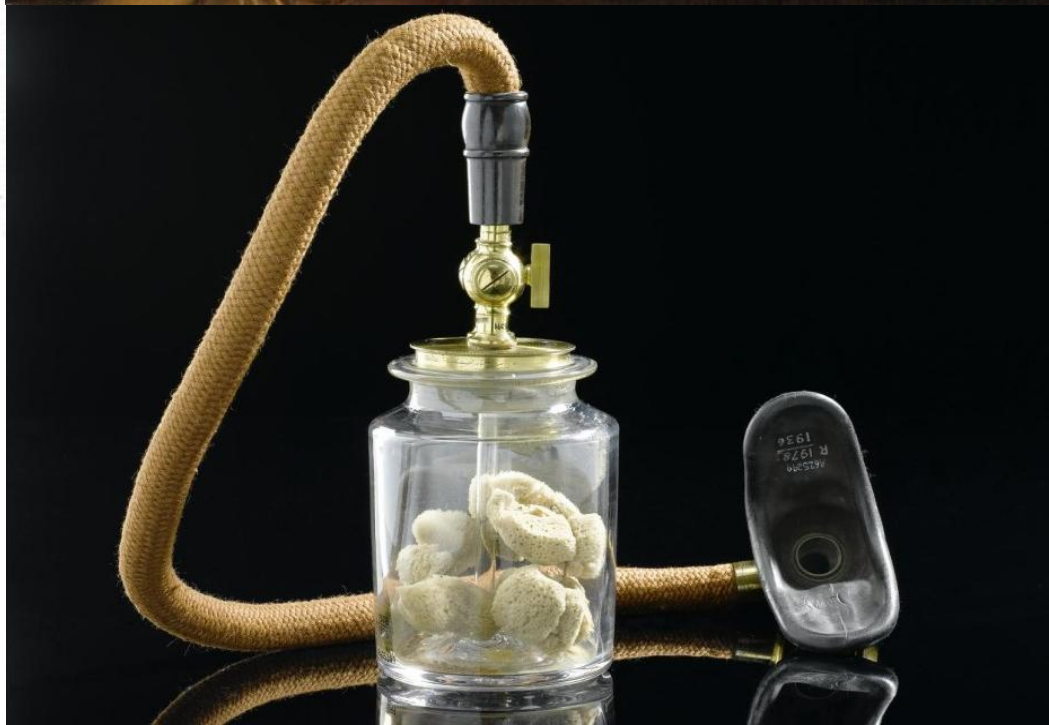
SA80 1985-present

High velocity bullet
∅ 5.56 mm
v = 960 m/s



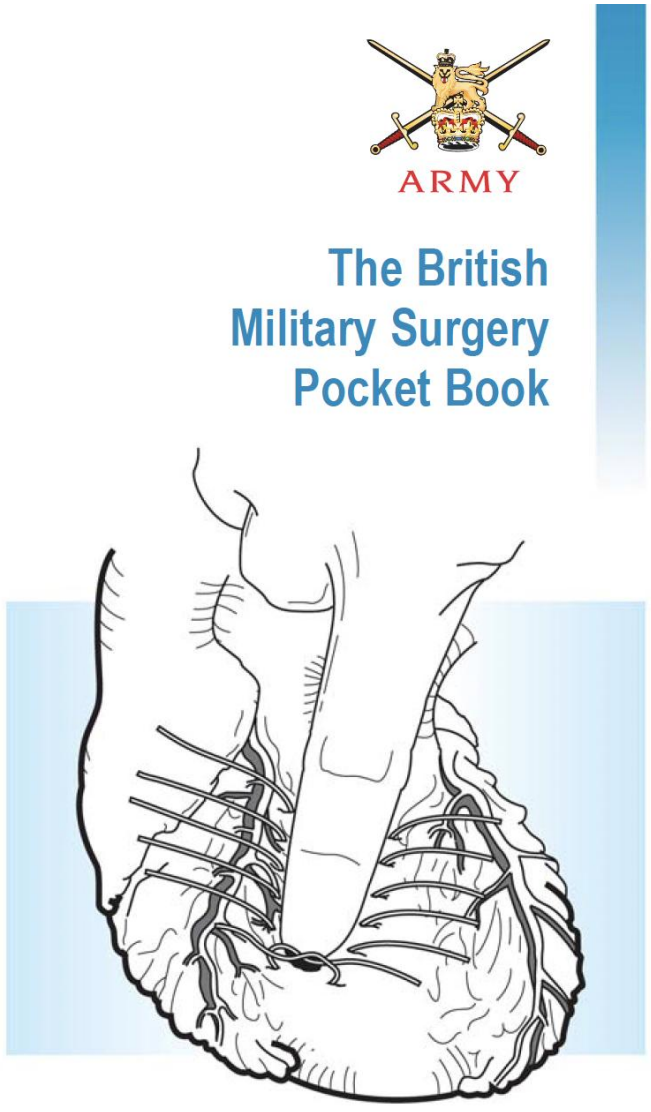
The Catalysts for Surgical Innovation





“A man laid on the operating table in one of our surgical hospitals is exposed to more chance of death than was the English soldier on the field of Waterloo.”

Sir James Simpson 1811-1870, Surgeon & Professor of Medicine

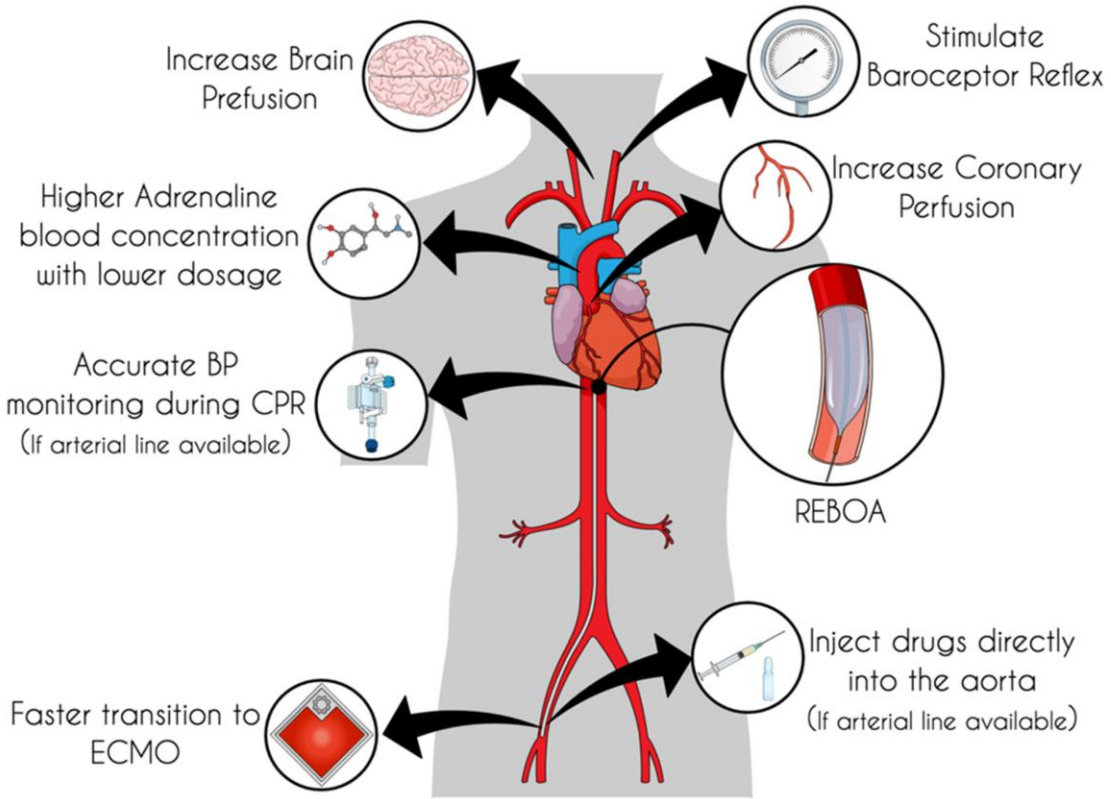


Contemporary Management

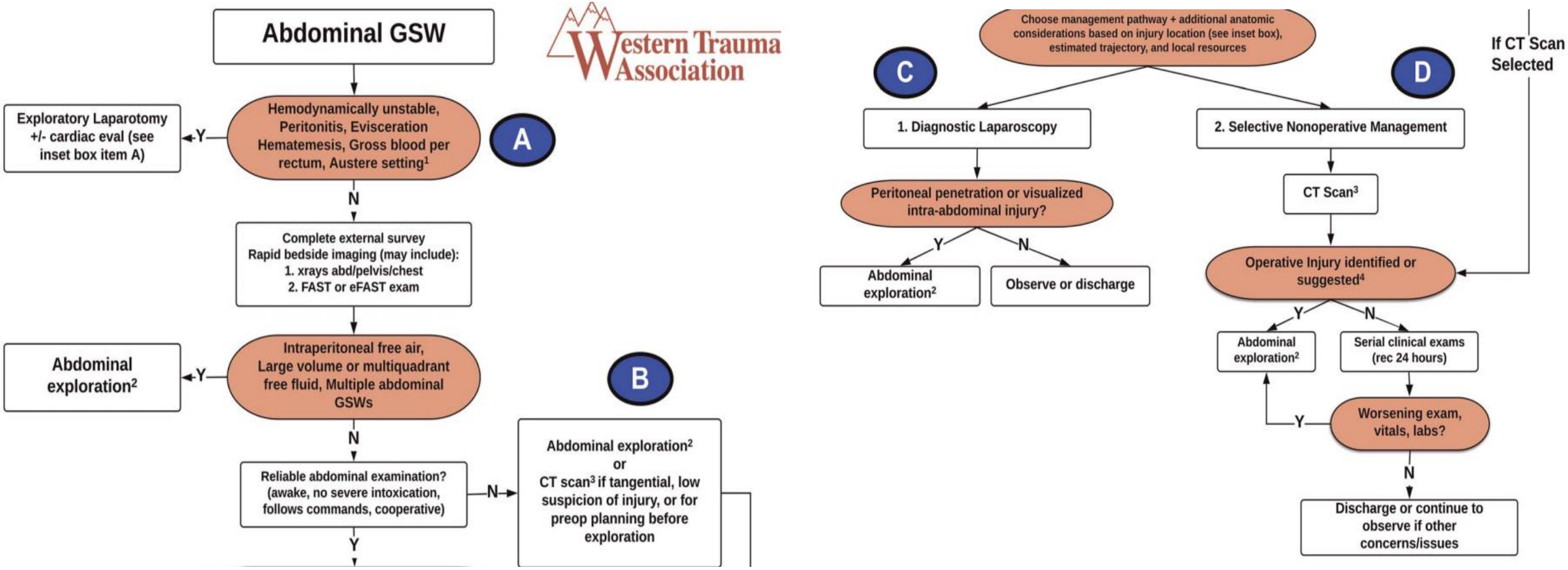
“Where non-compressible abdominal haemorrhage is suspected, Delaying transfer until signs become obvious will result in a mortality rate over 90%.”

Army Surgical Doctrine

Catastrophic Abdominal Haemorrhage Control



Selective Non-Operative Management



Questions?

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