



## The Trench

Of all the terrain types that my brigade fought on during the War, few were flat. These were short valleys, rather like patches of green cut into the infinite stone grayness of the mountain. Old chiseled rocks rested on their edges, protecting us from enemy shelling. This made the valleys ideal places for the entrenchment of our guns and howitzers. The gunners digging trenches in the soft earth were envied by those building their observatories from heavy stones on the windy peaks of the mountain.

The cease-fire was to commence at 6 p.m. that day. It was the fifteenth cease-fire agreement to date. On the basis of our experience with the previous fourteen, we expected heavy shelling from the enemy side in the hours before the actual cease-fire. The last time, we received more than fifteen hundred shells onto our positions. Fortunately, there were only a few cases of ruptured eardrums and minor shrapnel injuries; no one had been seriously wounded.

Our intelligence reported that the enemy was preparing a massive artillery barrage and there was not much time for us to get ready for the impending attack.

Dražen was busy shoveling a trench. He would, of course, dig a trench for his weapon before the one for himself. Gertrude, as he had named his cannon, was ready to return fire as soon as the first shells exploded in the distance. Dražen was in his trench, awaiting orders to fire. The medical team had taken cover near the path used for the evacuation of the wounded. As the artillery fire began, we watched the flight path of the shell with experienced eyes, estimating which of our comrades was in danger, and when we ourselves should dive for a cover. We watched with morbid fascination shells flying over our heads and falling on the field close behind us.

The shell had fallen near Dražen's trench, burying him in dirt and stones. We ran to him. I wiped the blood and dirt from Dražen's face, like a caring mother cleaning her child that got dirty playing. He was conscious, talked calmly and coherently, saying he could not feel his body under the rubble. I would have rather heard him say he was in pain. Fearing his spine was fractured, I needed to immobilize him and take him to the hospital, even on an improvised hard stretcher. When we finally dug him out, he felt strong pain in the pelvis. Motor and sensory functions of the lower extremities were preserved.

I quickly went over possible injuries to the pelvis – soft tissues in the lower abdomen below the interspinous line down to the symphysis and inguinal re-

gion, as well as soft tissues in both coxofemoral, gluteal, sacrococcygeal, and perineal regions. Injuries of the bones of the pelvic ring were also possible, such as a fracture of the ilium, pubis, and ischium, femoral joint, fifth lumbar vertebra, coccygis, sacroiliac joint, sacrococcygeal joint or symphysis. Moreover, Dražen could have had injury to one or more of many blood vessels and nerves in the pelvic cavity, ureter, urinary bladder, inner parts of the urethra, or genital organs. How was I to locate the injury to the pelvis with only two hands and a limited knowledge of the region? After we took off his uniform and inspected the abdominal wall, we saw that there were no open wounds. There was a large hematoma in the lower third of the gluteal region, spreading down to the symphysis and scrotum. Bimanual pressure to the wings of the iliac bones produced sharp pain, and palpation in the region of the ischial tuberosity increased it. Theoretically, these were the signs of the fracture to the ischial bone. Dražen was slightly hypotensive, with moderate tachycardia, but without signs of major circulatory disturbance. This was encouraging because injuries to the pelvic wall were often accompanied with the injury to the blood vessels. A rupture to the common iliac artery would certainly be lethal in such case. Because of their central position in the pelvis, extraperitoneal injuries to the rectum and anal canal were not uncommon. I did not notice any leakage of fluid from the anal orifice or detect blood on digitorectal examination. There was no tenesmus or micturition disturbance. These findings were encouraging, although my clinical impression could have been wrong – injury to the pelvic organs is definitely possible after such a heavy contusion to the pelvic wall. Anaerobic infection was another danger. We could have evacuated the hematoma by puncture or incision, followed by short drainage, but the hygienic conditions in our small medical office, improvised in a garage without doors, were not good for such a procedure. We put Dražen on a stretcher made of wood planks and bandaged him around the pelvis, started IV infusion of saline with an analgesics mixture and mild anesthetic, and transported him to the hospital.

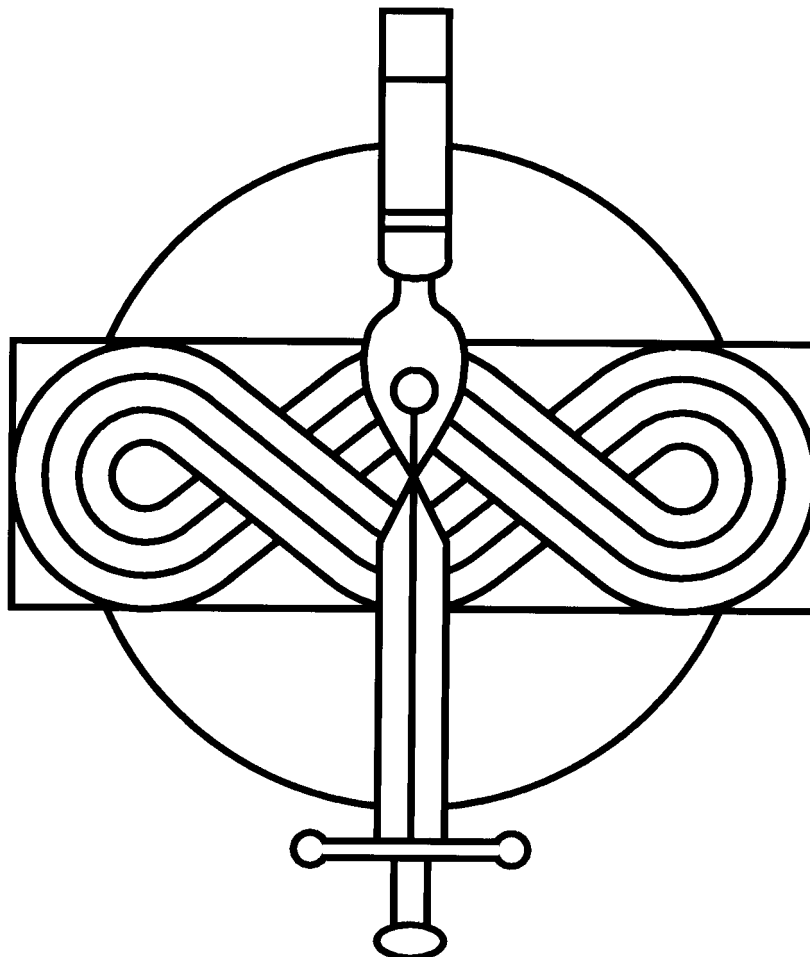
Radiological examination confirmed the fracture of the ischial bones and the acetabulum, but without dislocation. Gastroenterological and urological examinations did not reveal any injuries. Dražen spent almost two months in a plaster tub. Because he could not move, the gluteal hematoma got infected and decubitus developed over the coccygeal region. When he finally got up, these complications receded, and he recovered quickly in the rehabilitation center. He

came back to the front, where his Gertrude waited patiently for him, as well as his field medical team.

One cold night, as I circled the gunners on their guard posts, he confided in me why he had given up hope and the will to live at one point, why he sunk into dark thoughts and wished to die. It was when we removed his clothing, uncovering the intimate parts of his body. The shame he felt of being seen like that

and the thought that he might never be a man again by anatomical or physiological criteria, made him wish to die and disappear for good. I realized then that what makes us weak, fragile beings is much deeper and more complicated than that what makes us heroes.

Mirna Šitum



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