CASE
OF
FRACTURED OS PUBIS

SUCCESSFULLY TREATED,

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THE SALISBURY INFIRMARY.

COMMUNICATED BY

MR. EARLE.

Read June 20, 1820.

ON the 8th of November, I was sent for to attend a consultation at Hindon on the case of Mrs. O——, who, I was informed, had been injured by the overturning of a coach which had fallen several feet from the road side three days before. I found the lady lying on her back quite incapable of motion, and the least jar of the bedstead, or a quick and heavy movement across the room increased her sufferings to such a degree, that she screamed out from exquisite pain.

She informed me, that on the coach being overturned, the three gentlemen, likewise passengers,

fell on her, and that by the pressure of their weight, the pubis was forced against the seat. From the situation of the pain, the first impression on her mind was that her back was broken.

As soon as possible, she was removed into a post chaise and conveyed four miles, suffering the most excruciating torture; she was afterwards with great difficulty placed in bed, and very properly, freely bled.

Upon examination I found but little tension of the pubis, but on moving the left lower extremity, a *crepitus* could be distinctly felt and even heard. The fracture was situated at the junction of the ramus of the pubis with the ischium, where a ridge could be clearly felt. She also complained much of the lower part of the back, particularly on the right side, which I could not examine with any accuracy, from the impossibility of raising her. Both the urine and fæces passed voluntarily, and there was no loss of sensibility of the extremities. Her pulse was 100, and rather hard. Some aperient medicine had been given her in the morning, which had freely operated.

The immediate object being to support the fractured parts, and it being quite impossible to pass a roller round the patient, I had constructed a bandage of wide woollen girth web, with buckles and straps placed closely. This was drawn under

the pelvis by means of pieces of tape attached to the bandages, which were insinuated by a plate of elastic steel, and then buckled as tight as it could be borne, with directions to tighten it still more as the bandage should stretch. Two straps from the back part were passed between the thighs, and buckled to the anterior portion of the belt, to retain it in its situation. Pads were also placed on each side the pubis. Notwithstanding all the precaution and gentleness used, several severe spasms occurred, which displaced the fractured bones, with great increase of pain. I directed that her diet should be of the lowest description; and, in the event of any recurrence of pain or tension of the abdomen, that she should be immediately bled. She was also to take some antimony in saline mixture, and an opiate when necessary.

I visited my patient again on the 10th, and learned that she had passed two good nights; that it had been found necessary to bleed her twice. The blood abstracted was much buffed. There was, however, still some tenderness of the abdomen. The bowels not having been relieved since I last saw her, she was again directed to take some aperient medicine. Her pulse was still 98, and rather hard. On the 12th, she continued to improve, and had been again bled.

To enable her to raise herself, I passed under her a piece of girth web, which was attached to a

set of double pullies, and the other extremity fixed to the ceiling of the room. She was thus enabled to raise herself so as to relieve the pressure on the back, and to allow a bed pan to be placed under her; and by these means her sufferings were very much alleviated.

I visited this lady several times afterwards, but, as she continued to mend, I declined any further attendance. After an interval of between five and six weeks, she was able to walk about with assistance, and eventually recovered.

The belt I employed in this case had, I think, many advantages over a roller, as usually recommended; for the pressure is more equally applied, and it can not only be tightened at pleasure without moving the patient, but may be readily removed. The active antiphlogistic plan of treatment I think materially contributed to her recovery.