should be taken to effect this. If that cannot be done, we should endeavour to effect this, as nearly as possible, by maintaining as much pressure as the patient is able to bear. In a great number of the recorded cases no mention is made of the amount of pressure employed; but so far as I have been able to gather, the cures have been far the most expeditious, and on the whole the least painful, where the surgeon has made it his object not merely to *moderate*, but to *stop* the pulsation of the aneurism.

CASE OF

RUPTURE OF THE BLADDER FROM
EXTERNAL PRESSURE.

BY DR. TOMKINS, YEovil.

DURING the spring of 1847, when the railway works were in progress near this town, an excavator, in undermining some earth in a deep cutting, was thrown from a height of more than twenty feet; the ladder on which he was standing was knocked from under him by the sudden fall of an almost solid portion of earth, weighing several tons. The man fell on his back, and the pickaxe with which he was working, together with the ladder, were thrown several feet behind him. The main bulk of earth descended on his abdomen, and it required the united efforts of nine or ten men to lift it from his body. He was conveyed home, and visited by my son, Mr. W. F. Tomkins, surgeon, who found the abdominal integuments much contused, and an extensive lacerated wound in the perineum, through which three fingers could be passed with ease, and which enabled him at once to discover that the bladder was ruptured.

My son sent for me to visit the case with him; and on my arrival I found the man almost pulseless. There was considerable hæmorrhage from the wound, which was three or four inches in extent, laying open the posterior portion of the urethra. I passed my finger through the wound, and found the bladder extensively ruptured, and at the same time introduced a catheter by the urethra, and brought it readily through the rent in the perineum. When reaction took place, the patient suffered most intolerable pain, accompanied with sickness and vomiting, for which a grain of opium was given every hour or two, with the best effect.

It is unnecessary to detail the symptoms and treatment of the case from day to day. Considerable sloughing of the integument of the abdomen took place. Fomentations and poultices were applied; the bowels were kept open by the aid of injections and castor oil; his strength was kept up; and opium given freely to soothe his pain, to the extent of from eight to sixteen grains a day. The wound soon began to assume a healthy aspect. A catheter was passed from day to day, and occasionally kept in the bladder a few hours at a time. At the expiration of two months the wound had healed, leaving the course of the urethra rather

tortuous; but at the end of another month, when the man left the town, the bladder was so far restored as to enable him to retain from eight to twelve ounces of urine.

Remarks.—This is an important case in surgery, proving that rupture of the bladder is not, as has been supposed, *necessarily a fatal injury*, and points out to us the necessity, in the event of such an accident, of our immediately making an external opening to give vent to the urine, which otherwise must be retained in the peritoneal cavity, and occasion death.

By such an operation we merely place a patient in the same position that he would be in after the lateral operation for stone with the gorget; for the wound in the perineum and urethra was as clean as if it had been cut with a scalpel; and here comes the question as to how the wound was produced. It is certain it was not from the entrance of any extraneous substance from without, for the man had on a pair of new corduroy trousers, suspended by his braces, and there was not the slightest rent about them. It is, therefore, evident that the weight and pressure of the earth compressed the bladder so completely within the pelvis that the urine was sent forward with such force as to tear the urethra and perineum in the manner described; and this tends to point out to us the utter impossibility of deciding, in many cases, the precise mode in which wounds are inflicted, or the weapons or missiles by which they have been caused.

CASE OF

RUPTURE OF THE FALLOPIAN TUBE.

By CALEB WHITTON, M.D., Llangollen.

DURING the course of this month Mr. Cotton, surgeon, Northampton, was requested to see a poor woman, aged 26, the wife of a shoemaker. She complained of severe pain in the abdomen, some vomiting, and had rather a feeble pulse. This was in the afternoon, and she had been taken ill about mid-day. Some purgative pills with opium were prescribed. In the evening he asked me to see her with him, as I was staying a few days in Northampton. We found the pain somewhat less, slightly increased by pressure; pulse extremely feeble, and the patient apparently sinking; we both considered there was some serious lesion of the abdominal viscera, but of what nature we could not pretend to determine. She considered herself three months advanced in pregnancy. Early on the following morning she died. A *post-mortem* examination discovered the effusion of about three pints of blood into the abdominal cavity; a large ulcerated rupture in the left fallopian tube, about its middle; a fœtus of about two months amongst the extravasated blood, and two small hydatids on the left ovary. She had been in her usual health in the morning, and whilst out had stumbled over a stone.

Llangollen, September 30, 1851.