December 23. Tumour has diminished more than one half, but the ligature quite fast; appetite good.

December 30. On removing the dressings this day the ligature seemed to be lying somewhat further out of the wound than usual, and on gently drawing it, I found it quite loose, and it came away without the slightest pain or difficulty. The length of the ligature from the knot to the surface was nearly five inches.

January 4. I must now allude more particularly to the distressing feature which has already been mentioned, and which threatened, if not overcome, to render our patient's life miserable, viz., the spasm of the bowels. Thinking that it might arise from some obstruction in the rectum, I had recommended Mr. Nelson to pass a bougie and explore the lower bowel: this he did, without however any result. In the meantime the spasm became more and more urgent whenever the bowels were moved. However copious the evacuation, he always felt as though there was something left which could not be expelled. On this day matters assumed a very serious aspect, the bowels were completely obstructed, the spasm dreadful; at length he became quite exhausted, and seemed to be falling into a state of coma, body very tympanitic. On passing the catheter to ascertain if the bladder were distended, Mr. Nelson found considerable obstruction. This led him again to examine the rectum, which he now found to be enormously distended with a hardened mass of fæces. It felt, he said, more like a child's head presenting than anything else he could compare it to. It was thoroughly dry like bran. Here then was the cause of these formidable symptoms. It appears that the pressure of the increasing tumour had caused a gradual accumulation of fæces in the colon; and although considerable evacuations were obtained by means of aperient medicines and injections, yet there never was a complete clearance, owing to the growing pressure of the sac. As this however became gradually diminished by absorption, it permitted the fæcal matter slowly to advance, and at last completely to block up the rectum in the manner already described. That this was not discovered when Mr. Nelson first explored the rectum was no fault of his, but arose, I doubt not, from the circumstance that it had not descended within reach of an ordinary bougie.

Mr. Nelson happily succeeded in breaking down this extraordinary accumulation, and our patient in a few hours so far revived as to relieve us from our gloomy anticipations. Nothing has since occurred to retard his complete recovery.

It now only remains to notice one point, viz., the temperature of the limb after the operation. Perhaps this ought sooner to have been alluded to, but in truth there is little to say on this part of the case. We kept an accurate account, but after the first few days the temperature of the two limbs was so nearly equal that the difference did not amount to half a degree. The limb was simply wrapped in fine flannel. The temperature at first fell not quite so much as three degrees below that of the sound limb; in 48 hours it had risen two degrees *above* the opposite; this soon subsided, and in four days after the operation the two limbs were equal (89°) and continued so.

Two or three weeks after I had taken my leave, Mr. Nelson informed me that the sinus, made by the

ligature, was not healed. It appeared that the sac had ulcerated and discharged its remaining contents, grumous blood mixed with pus; by this means what remained of the tumour was entirely dispersed, and the sinus healed. We thought it advisable to apply a belt afterwards, in order to support the weakened parietes of the abdomen; and to the most prominent part, also, a kind of truss, with a four-inch pad, which the patient found very comfortable.

A remarkable feature in this case was the extreme and unusual rapidity of its progress, after its first commencement, only three weeks having elapsed from its first appearance of the size of a hazel nut, before it had attained the formidable size which has been described.

[The foregoing important case is, we believe, the only instance in which the common iliac artery has been successfully tied *for aneurism* in this country; and we beg to draw attention especially to the situation of the incision. This is a point of great consequence, as in the case before us the operator was relieved from all chance of embarrassment from the chord, &c., a source of trouble which has been complained of by some who have performed this operation. It may also be observed, that in any case in which it might be necessary or advisable to take the chance of tying the aorta, this mode of doing it will be found in every respect far more safe and facile than that adopted by Sir Astley Cooper.]

CASE OF FRACTURED PELVIS, WITH LACERATION OF THE BLADDER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Should you deem the details of the following fatal accident of sufficient interest to appear in the pages of the *Journal*, you are welcome to insert them.

Yours respectfully,

MATTHEW HALL, M.R.C.S.L., &c.

Wortley, Leeds, April 10, 1844.

On Saturday last I was summoned, at nine p.m., to a case on the Churwell road, at the distance of about a mile from my house, but being engaged with another patient, my assistant proceeded forthwith to attend for me. On his arrival, he found a stout man at the inn, laid on a bench, having been recently run over by a heavily laden waggon. A slight examination discovered injuries of a very severe character, and no time was lost in placing him cautiously in bed. Some hæmorrhage had taken place from the penis, and it was evident that the bones of the leg were extensively fractured, the tibia nearly projecting through the skin, with some loose portions of bone.

No time was lost in communicating with me, and on my arrival, which took place about half an hour afterwards, I found the man in a state of extreme collapse, with a pulse hardly perceptible, and to all appearance we thought he would not survive many minutes. On the slightest motion he complained of much pain in the back, and thought the wheel had passed trans-

versely over his loins; he was perfectly conscious, and answered questions intelligibly. On further examination, I found slight distension of the hypogastrium, which was more manifest in the right iliac region. The right ilium was very moveable, and crepitus could be distinctly felt extending backwards towards the sacrum. External warmth, and internal stimuli, were immediately had recourse to, and after the lapse of a short time symptoms of reaction appeared. We remained some time, and found him so much rallied, that after padding the pelvis well, and giving necessary directions, we ventured to leave him. In two hours a message reached me that the patient felt somewhat better, and animal warmth had been tolerably restored.

At six a.m. I visited him again, and found my opinion of fracture of the pelvis confirmed; he had passed no urine since the accident, but complained of a constant inclination to make water, though the hypogastric region was not fuller, and from percussion nothing could be detected in the cavity of the peritoneum. The pulse had now risen, and possessed considerable tone, but the right side of the abdomen was hot, and the integuments presented a livid red appearance. Some leeches were twice ordered to this part, and I introduced the catheter, but no urine could be obtained; slight hæmorrhage from the penis followed the withdrawal of the catheter. In a few hours I saw him again, and the catheter was re-introduced with the same unsuccessful result. No more distension of the abdomen had taken place, but both hips had acquired more rotundity than in the natural state; and though I could not detect any fluid, it was evident that extravasation of urine was extensively going on. I now requested a consultation, and in the evening had the valuable assistance of Mr. T. P. Teale, of Leeds. Mr. T. again introduced the catheter, and was equally unfortunate; the instrument was allowed subsequently to remain in the bladder, after being properly secured. Several deep incisions were made in the distended parts, and a slight exudation of urine followed. Early in the morning Mr. Teale and myself saw the case again together, but no material change had occurred, except that the cloths surrounding the incisions in the glutei muscles, &c., were quite saturated with urine, and a good deal had escaped, yet nothing could be obtained with the catheter. At noon symptoms of collapse again rapidly set in, which continued until five o'clock, when he sunk without having complained of much pain.

Autopsy.—The scrotum distended, with lividity there and in the right iliac region; the upper part of both thighs much distended with fluid. The cæcum and right ascending colon excessively tympanitic, and full of black patches from effused blood. The symphysis pubis completely separated to the extent of at least one inch and a half in the upper portion. On dissecting back the bladder, it was found that the right fractured end of the pubis, which projected inwardly, had entered (below the reflection of the peritoneum) that *viscus*, producing a perforation of its tunics to the extent of two inches or more; another laceration existed, less in extent, but more posteriorly towards the right side. Several loose fragments of bone were quite detached in the pelvis; two or three were in the cavity of the bladder, *which was much contracted*. The right ilium was fractured through its whole length, and the division

of bone appeared to extend through the sacrum. A complete separation of the fractured portion of the ilium had taken place. The pubis was also fractured obliquely through the *right foramen ovale*, and from this part had several rough projections pointing inwardly; these most probably were the cause of the inferior rent.

Remarks.—The *post-mortem* appearances surprised me that life could be sustained for 45 hours under so formidable an accident. The urine had evidently extravasated by the cellular tissue only to those parts posterior and inferior to the cavity of the abdomen, and had found its exit by the outlets of the pelvis, though the perineum never presented any particular distension. The urethra appeared to have received no injury.

CASE OF PUERPERAL CONVULSIONS OCCURRING AT THE EIGHTH MONTH OF UTERINE GESTATION, SUCCESSFULLY TREATED BY THE INDUCTION OF PREMATURE LABOUR.

By C. R. BREE, Esq., M.R.C.S., Stowmarket.

M. G., aged 25, of a full plethoric habit of body, became, during the seventh month of pregnancy with her first child, generally œdematous. She complained of no particular pain. Her pulse being strong and bounding, and a general sense of fullness appearing to increase, my assistant, Mr. Snape, who was engaged to attend her in her confinement, very properly took from her 16 ounces of blood, and gave her saline diuretic and aperient medicine. Notwithstanding this treatment the œdema gradually increased during the following month.

On the evening of March 17, 1844, she retired to bed in better spirits than usual. About half-past two the following morning she awoke her husband, and told him she felt a singular sensation in her head, and she got out of bed for the purpose of tying a handkerchief round it: she got into bed again, and immediately afterwards, to use the expression of her husband, "she fell into strong convulsions," and Mr. Snape was immediately summoned. When Mr. Snape arrived he found her in the third fit, which, as they frequently occurred afterwards, I will describe.

She was quite insensible, breathing stertorous, eyelids closed, and pupil contracted. After remaining some time in this condition, the breathing became gradually quicker, and a most violent epileptic convulsion speedily followed. The muscles of the face were most hideously distorted, the features, eyes, nose, and mouth drawn on one side; the extremities violently contracted. This state of things lasted for about a minute, when the spasmodic action began to subside. The expression of the face changed from that of distortion to that of collapse, the skin became of a pallid blue colour, frothy matter exuded from the mouth, and the appearance of the patient was that of a person in articulo mortis. In a minute more, however, she returned to the same comatose insensible state which preceded the paroxysm. There was not the slightest sensibility. Her state now resembled that of apoplexy. In about ten or fifteen minutes the convulsions recurred, when the same train of symptoms were passed through.