

# ASSOCIATION MEDICAL JOURNAL.

EDITED BY JOHN ROSE CORMACK, M.D.

No. CXLII.

LONDON: FRIDAY EVENING, SEPTEMBER 21, 1855.

NEW SERIES.

## TO CORRESPONDENTS.

COMMUNICATIONS for the Journal may be addressed to 37, Russell Square, as formerly, till an Editor is appointed.

THE EDITOR has not on hand a single "Original Communication" for the Journal. Members are requested to forward contributions at once, as by their present apathy the value of the Journal may be impaired. Letters on the York Meeting form a thin and acid food for the many: but if nothing else be received, what can we give?

DR. SANDWITH's letter on "the crisis" is in type.

BOOKS RECEIVED. [*\* An Asterisk is prefixed to the names of Members of the Association.*] 1. SCHACHT (Dr. Hermann), and CURREY (F., M.A.) *The Microscope and its Application to Vegetable Anatomy and Physiology*. Second Edition, considerably enlarged, with numerous Illustrations. pp. 202. London: 1855. 2. \*COPLAND (James, M.D., F.R.S.) *Dictionary of Practical Medicine. Symptomatology, Tubercular Consumption*. London: 1855. 3. BRANNON (Philip). *The Illustrated Historical and Picturesque Guide to Bournemouth*. pp. 55. Poole and London: 1855.

## ORIGINAL COMMUNICATIONS.

### INJURY TO THE PERINÆUM: RUPTURE OF THE URETHRA, WITH EXTRAVASATION OF URINE: WITH REMARKS.

By JOHN SHEPHERD FLETCHER, Esq., Lecturer on Practical Anatomy at the Chatham Street School of Medicine.

ON the 27th December, 1852, I was called to Mr. Smith, aged 29 years, of nervous and bilious temperament. On returning from a committee meeting a short time previously, he had gone into his own yard to micturate, when, passing over a trapdoor, having one foot on the door and the other on the flag on which it rested, it gave way, and let him down, falling with his perinæum on the edge of the hard flag. I saw him in fifteen minutes after the accident. He had then passed a large quantity of blood and urine, and was still bleeding very freely from the urethra; he was faint on standing, and had some pain in the perinæum, but no swelling, and but little tenderness, without any desire to pass urine. I made an attempt very gently to pass the catheter, but could not succeed, as it was obstructed near the prostate. I withdrew it, and ordered tepid fomentations, with an opiate; and saw him again in about two hours. The bladder was now much distended, causing considerable pain, and strong desire to pass urine. He had no swelling in the perinæum. I again tried to pass the catheter, and succeeded, by using a large instrument with the utmost gentleness, keeping it in the median line, and against the upper wall of the urethra. I could distinctly feel, however, that it passed through a long track of apparently torn passage. The bleeding had continued very free. I drew away twelve ounces of normal urine, unmixed with blood. The patient was ordered to allow the catheter to remain in, and to continue to use fomentations and opiates.

December 28th. He had slept moderately. Urine had passed freely by the instrument, free from blood. There was the slightest possible swelling and tenderness in the perinæum; the scrotum was free from both. A small quantity of blood passed by the side of the catheter. The pulse was 78, with slight pyrexia. He was ordered to retain the instrument, and to take salines with an opiate.

December 29th. He had a somewhat restless night. Urine passed in normal quantity by the catheter, free from blood. There was some pain at the seat of injury, and tenderness on pressure over the hypogastric region; but not the least swelling in perinæum or scrotum to indicate extravasation. The pulse was 98, and feeble; the bowels had not been moved; the surface was warm and moist; the

tongue rather dry. He was ordered to continue the saline mixture, and to take a pill, consisting of one grain of calomel and a third of a grain of opium, every four hours; to use hot fomentations to the abdomen; and to have an enema.

8 P.M. He had been restless through the day; and, when in the act of turning on his side, he displaced the catheter, after which the bleeding returned rather freely; and he had now a desire to pass urine, but could not do so. I again passed the catheter, but not without considerable difficulty; and only succeeded by observing carefully the same course as before, as there was evidently, close to the prostate, a considerable laceration of the urethra and parts around. On this occasion, I could not get the instrument beyond the prostate, without passing my finger into the rectum, to direct it, when I found this gland normal in every respect. I drew away about six ounces of clear healthy urine. During the time of passing the instrument, blood passed in a stream almost amounting to a jet, and of a bright arterial hue, clearly indicating the wound of some large artery. There was no swelling in the perinæum. The bowels had been moved by an enema.

December 30th. He had a sleepless and restless night. Urine had continued to pass freely by the instrument. His countenance looked anxious; the pulse was small, feeble, and 120. He had slight wandering delirium; the tongue was rather dry, with brownish fur; he had occasional hiccup. He had a slight rigor this morning. The perinæum, scrotum, and neighbouring parts, were entirely free from swelling; but the abdomen was slightly swollen and tympanitic. In each iliac region there was slight suspicious puffiness, dull on percussion, and separated by a slight central depression. The bowels had been freely relieved. He was ordered to take half a grain of solid opium every two hours, and to continue the fomentations.

4 P.M. I saw him in consultation with the late Mr. W. J. Wilson, the symptoms being much the same, except that the swellings in the iliac regions were larger. There was not the slightest swelling in the perinæum, or in the neighbourhood of the prostate, as felt through the rectum. We agreed to meet at 7 P.M., and open the perinæum, in the hope that we might be able thus to promote the escape of the extravasated fluid.

8 P.M. He had been much better the last few hours, having slept. Urine had passed very freely by the catheter, unmixed with blood. The swelling in the iliac regions was decidedly less; the pain and tenderness were both much relieved. He had less hiccup; the pulse was 108, and more full; the tongue moist; and he had less thirst. In consultation, seeing the great improvement within the last few hours, we thought it best not to interfere with the perinæum, as it was questionable, seeing the freedom with which urine passed by the catheter, whether or not we should relieve any extravasation there might be, as it was clearly behind the deep fascia of the perinæum. The patient was directed to continue the pills and fomentations, and to take beef-tea.

December 31st, 8 A.M. He continued better for some hours after we saw him last evening: he then again became restless, and had a very severe attack of delirium, in which he withdrew the catheter, got out of bed, and struggled hard with those around him. He had now constant wandering delirium, and complained of abdominal pain, and great tenderness on pressure. The swelling in the iliac regions was worse. The pulse was 120 or more, and very feeble; he had frequent hiccup. There was no swelling in