

## SURGERY.

## GLEANINGS FROM THE JOURNALS.

CASE OF RUPTURE OF THE BLADDER FROM INDIRECT VIOLENCE :  
DEATH IN EIGHTY HOURS.

Dr. S. G. WILMOT, of Dublin, relates the following case in the *Dublin Hospital Gazette* for June 1st, 1855.

Christopher Callaghan, aged 30 years, a railway porter, was admitted into Stevens' Hospital on February 14th, suffering from peritonitis. About eight o'clock on the previous evening, he was walking very fast to the terminus of the Great Southern and Western Railway, at King's Bridge, when his foot slipped on the pathway, which was covered with ice at the time. Having his hands in his coat pockets, he made a violent effort to save himself from falling, but in doing so the other foot slipped also, and he was thrown on his back with great violence to the ground. He wanted to make water at the time, and when he fell, he thought he felt something give way in the abdomen, and he was seized with such faintness as to be unable to rise from the ground, till two men came to his assistance. He was at once brought on a car to his lodgings, and put to bed, and (as his extremities and the surface of his body were cold) heat was applied. In a short time after this he was seized with a violent burning pain the hypogastric region, and also a great desire to pass water, which he was unable to do till a catheter was introduced, and about four ounces of bloody urine were drawn off; this operation, and the application of turpentine fomentations to the abdomen, somewhat relieved him; but in about three hours the pain recurred; the catheter was again introduced, and about two ounces of urine drawn off, the latter portion only being mixed with blood. He had also great thirst, and some sickness of stomach. Soon after he was attacked with the pain, he had to lie on the right side, with the knees drawn up as much as possible, and the thorax thrown downwards and forwards; by thus having the abdominal muscles relaxed he was comparatively easy. As soon as possible the next morning he was brought down to hospital, when he was admitted in the following condition:—Countenance anxious, features pinched, and the eye-balls sunk in the orbits; tongue moist, with a white fur down the centre, and around the edges, the remainder of the surface being of a bright red colour; respiration much hurried; pulse 120, hard and wiry; voice very weak; he was lying on the right side, with the knees drawn up to the abdomen; pressure over any part of the abdomen caused him great pain, but he was more particularly tender in either iliac region, as also in the hypogastric region of the bladder. There was considerable fulness of the abdomen, which yielded a dull sound on percussion. As he was complaining much of the wish to pass water, a catheter was introduced for him, and only about two ounces of urine passed away, which seemed perfectly normal. He was much relieved by the introduction of the catheter; he has violent thirst, and prefers cold water to anything else. He was ordered—

R. Calomelano gr. ij.

Opii gr. ʒ. ʒiii horis.

Fotus terebinth. abdomini.

February 15th. This morning he seemed in much the same way; the abdominal tenderness was still unabated; he did not sleep during the night, but for a few hours previous to visit slumbered a little. The pulse had not the same peculiar hard wiry feel it had on admission, but was soft and rather weak, being still 120. He was ordered a large blister over the abdomen, to rub in mercurial ointment, take the pills every hour, with the dose of opium increased. Thirst was still very urgent. An injection was administered, which produced a copious evacuation; during the day he expressed himself tolerably easy, but the slightest motion of the body, or pressure on the abdomen, caused him very severe pain.

February 16th. He slept some during the night, and expressed himself easy, and free from the burning pain he had. The gums seemed a little soft and spongy; pulse 130, and very weak and compressible; other symptoms were as on last report. During the day he was seized with vomiting, which was very violent, the ejected matter being seemingly a quantity of bile, diluted with the fluid he drank. The pulse became so quick as to be with difficulty counted, and very weak; he was evidently (though perfectly conscious) moribund. Stimulants, etc., were administered, but without avail, as he expired during the night.

POST MORTEM EXAMINATION. On opening the abdominal cavity, a quantity of fluid (which by its odour was at once distinguished to be urine) escaped; there were about twelve ounces

of this in the peritoneal cavity; the intestines were glued together firmly by lymph, which, in some situations, was partly detached. The omentum was much inflamed and congested, and contracted very much under the great curvature of the stomach. The inflammation seemed general over the entire peritoneal surface. On raising the intestines out of the pelvis, the bladder was found quite contracted behind the pelvis; and in this situation lymph was effused in much greater quantities than in any other portion of the peritoneum. On the right side, and on a level with the brim of the pelvis, there was a large rent in the peritoneum, commencing immediately external to the obliterated hypogastric artery, and extending from that point transversely outwards for about three inches. In looking to the bottom of the wound, the vas deferens was to be observed going down to the vesiculæ seminales; and, on passing the finger downwards, it immediately entered the bladder through a rupture in its fundus of about two inches. It did not seem that any urine was extravasated in the cellular tissue beneath the peritoneum.

Immediately round the rent in the peritoneum, the inflammation seemed to have been much more violent than elsewhere: this was the point to which he referred his greatest suffering.

REMARKS. Dr. Wilmot states that the explanation offered by Professor Harrison will elucidate the manner in which the rupture was produced under the peculiar circumstances of this case. When the patient's feet slipped, the abdominal muscles were thrown into strong action, in order to restore the body to the perpendicular; while the lumbar portion of the spine being violently curved backwards, the promontory of the sacrum must have been tilted forward against the distended bladder. Thus the organ was placed between two forces, the contraction of the abdominal muscles in front, and the counter-resistance of the sacrum behind, in which case the same effect must be expected to ensue as where a direct force has been applied to the hypogastric region. The bladder gives way where it is covered by peritoneum, because, as has been shown by Professor Harrison, the serous membrane, being but little distensible, does not yield to a compressing force; it therefore cracks, and the subjacent tissues must be torn with it.

The period at which death supervened, though earlier in this than in many other instances of the same injury, forms a striking contrast to the rapidly fatal termination which occurs in cases of ruptured intestine; the mildness of the peritoneal symptoms also constitutes a ground of remarkable difference between these two injuries.

The method of retaining a catheter in the bladder was not resorted to in the present case, as the patient could not tolerate that plan; but even if it were possible to carry it out, it is difficult to see what good could arise from it, seeing the size and position of the rent in the bladder.

## REPORTS OF SOCIETIES.

## EPIDEMIOLOGICAL SOCIETY.

MONDAY, AUGUST 6TH, 1855.

JOHN SNOW, M.D., in the Chair.

ON CHOLERA IN FRANKFORT-ON-THE-MAINE AND OTHER PARTS OF GERMANY. BY DR. VARRENTAPP, OF FRANKFORT.

[The paper was read by Dr. M'WILLIAM, one of the Secretaries.]

The author commenced by stating that, in the various epidemics of cholera by which Germany has been invaded since 1831, the south-western part of that territory has invariably escaped. The northern part of Germany, particularly of the kingdom of Prussia, has repeatedly suffered; the south-eastern part likewise—Bohemia, for instance, and Vienna itself. There was only one irruption in the south-western part, *i. e.*, Bavaria, Würtemberg, Baden, Hesse Darmstadt, Nassau, Frankfort, and the southern portion of the Saxon duchies.

Northern Germany, especially Prussia, Mecklenburg, and Holstein, were visited by cholera in the summer of 1849. The disease on this occasion passed through this part of Germany, from east to west; and when it had reached the Rhine, it turned southward. It took a very particular course, and presented a peculiarity in its progress, which, so far as the author is aware, has not as yet been noticed by any one. The cholera

passed gradually up the Rhine; and there is nothing very remarkable in its spreading in that direction, the Rhine being, as everybody knows, one of the most frequented lines of communication that can exist. There are large and wealthy commercial towns and a rich agricultural population on both sides of this river, with good public roads, besides the traffic by steamers on the Rhine itself. But the cholera, according to the author, did not take this path, because there was a constant intercourse and communication of the people; but followed merely the valley of the Rhine. Hence, concluded the author, there must have been, at the period in question, very decisive influences, either of a local telluric nature, or some other agency, which induced the disease to take this course, and prevented it from deviating either to the right or left, in spite of there being, in one of these directions, a communication quite as great as in any part of the Rhine itself. Cholera prevailed at Coblenz, but it did not pass up the Lahn to Ems, although these places are distant only five miles, and in summer there is considerable intercourse between them.

There was cholera at Bingen, but it did not reach Kreuznach, about nine miles distant; and there is active communication between the two places. The cholera was at Mainz, but it did not reach Wiesbaden, four miles off; and a great intercourse exists between the two places. Cholera was also at Mannheim, but it did not go up the Neckar to Heidelberg, about ten miles distant, although Heidelberg has with no other place so much communication as with Mannheim.

These data, said the author, are very important. The cholera evidently followed the valley of the Rhine; but it did not propagate itself to the country on either side. It did not follow merely the course of the water; at least, it did not go up any of the secondary rivers just mentioned, although on their banks there is a constantly moving population.

The cholera, then, on its propagation from Cologne, did not follow the great lines of communication, as far as this was a communication by land, but it followed the line of communication by water, merely as related to the principal valley of the Rhine, and did not enter any lateral valley.

The author, besides giving a series of cases illustrative of the fact that a place may have the most active intercourse with another place infected with cholera, and yet remain free from that disease, adduces strong evidence, based upon the first cases of cholera at Frankfort, in favour of the transmissibility of the cholera poison through the medium of soiled linen. The continuous line of propagation by this means appeared so complete, that he adds: "These cases, and others of a similar nature, have convinced the physicians of this town, even those who formerly had been absolutely anti-contagionists, that this contagion is not perhaps the principal mode of propagating this disease, yet there exist undeniable cases of contagion; and that it seems, the excrements, or the linen and clothes, particularly when polluted, are capable of propagating the disease."

ON THE PREMONITORY DIARRHŒA OF CHOLERA.  
BY G. TODD, ESQ., OF WEST AUCKLAND.

[This paper was also read, in the absence of the author, by Dr. McWILLIAM.]

Mr. Todd began by stating that it has been a generally observed fact ever since epidemic cholera became known to the medical profession, that the greater proportion of cases are preceded by a distinct premonitory stage, varying in duration and intensity. Cases, however, do occur in which the premonitory stage is of such short duration as not to attract notice; and such cases have been frequently brought before the medical profession as proofs of cholera without any preceding diarrhœa. Careful inquiry of all such cases, Mr. Todd considered, will establish the existence of a well marked premonition. In favour of this proposition, the author adduced the investigation by Dr. MacLoughlin of twenty-one cases of cholera without premonitory diarrhœa, contained in the Return of the Registrar-General between July 1853 and July 1854, the results of which were, according to Dr. MacLoughlin, that fifteen of the twenty-one cases had had a diarrhœa of some hours' duration before the accession of cholera; and that the remaining six cases were either not cases of cholera, or cases where nothing was known of their previous history. The author calls in to the support of his view, in addition to his own experience, that of various writers on cholera in this country, in various parts of Europe and India.

Dr. Weber, Mr. Tucker, Dr. Greenhow, and Dr. Richardson, took part in the discussion that followed the reading of these papers.

The Society then adjourned to the first Monday in November.

## EDITOR'S LETTER BOX.

### THE DECISION OF THE ANNUAL MEETING AT YORK.

LETTER FROM SIR C. HASTINGS, M.D.

SIR,—It appears to me that you are adopting a very questionable course by inserting letters in the JOURNAL which take a very erroneous view of the decision of the annual meeting at York; and I may go further, and say, that I doubt whether it will be considered honourable on your part thus to have recourse to means, which have obviously for their object the injury of the Association, of which you are the paid and responsible officer.

I have only to refer you to the address of the Executive Council, published in last week's JOURNAL, to prove to you that the impression conveyed by those letters is not supported by facts.

I am, etc.,  
CHARLES HASTINGS, *President of the Council.*

Worcester, September 19th, 1855.

[Our idea of justice and editorial responsibility is this:—to insert letters on all sides of a question, or entirely to suppress discussion. When a member signs his name, the fact of his views being "erroneous" does not always justify their exclusion. However, as the supreme editorial power rests with the Executive Council, we hope before next week to receive precise instructions, so that, on the one hand, we may be excused by our correspondents for suppressing their letters; and, on the other, protected from the injustice of having dishonourable motives imputed to us for inserting them. We have not, since the meeting at York, suppressed one line which has been sent for publication from members holding sentiments opposed to our own; while we have only acknowledged *privately* nearly two hundred letters upon the York meeting and its results, because they were chiefly occupied with expressions of kindness towards ourselves. EDITOR.]

### DR. COWAN'S RESIGNATION.

LETTER FROM CHARLES COWAN, M.D.

SIR,—I will thank you to insert the accompanying letter in the next number of the JOURNAL.

I am, etc.,  
CHARLES COWAN.

Reading, Sept. 18th, 1855.

*"To the Members of the Provincial Medical and Surgical Association.*

"GENTLEMEN,—The very brief and somewhat abrupt terms of my resignation demand a few explanatory remarks as to the motives and purposes which have influenced me in the course I have thought it right to adopt.

"For some years prior to the meeting at Oxford, I had regarded the Association as practically effete, and as gradually verging to its extinction. Its continued existence seemed artificially sustained by the zeal and devotion of some few of its founders and earlier supporters, but by the great mass of provincial practitioners it was viewed with indifference and distrust. After some twenty years of large promises of good, and a vast expenditure of time and money, it had failed to become more than very partially the organ of those for whose union and co-operation it was originally established. The reason of this was clear. There was no real representative government, but the evidence of its absence in a most undesirable preponderance of individual influence; while our literary arrangements, and the business management of our affairs, were most imperfect and unsatisfactory. To remedy these fatal defects was the object of the resolutions at Oxford; and, though sanctioned at the time by a very insignificant majority, yet previous inquiries and all subsequent experience have demonstrated that they were in accordance with the judgment and feelings of a large majority of the Association.

"From that period, notwithstanding every discouragement and opposition from a small but central and influential body, the numbers of the Association rapidly increased; our finances pro-