Clinical and other Notes

It is probable that these divergent observations would be brought into line if the period of the disease at which vaccine treatment was initiated was taken into consideration. It is obvious that in the developed disease vaccine treatment can be of little avail, whereas in the very early period favourable results are likely to follow its administration.

REFERENCES.


CLINICAL NOTES ON A CASE OF FRACTURED PELVIS COMPLICATED BY EXTRA-PERITONEAL RUPTURE OF BLADDER.

By Captain Manfred Morris,

Royal Army Medical Corps,
Surgical Specialist, Colchester.

The routine of the surgical specialist is so rarely disturbed during the summer months by problems arising from severe traumatic conditions that it is hoped these few notes may be found of interest.

A civil subordinate, aged 43, attached to the R.E. Works Department, whilst at work was struck down by a wooden platform on which were lying several bags of cement. The platform was suspended from the end of a travelling crane by chains, one of which snapped and so caused the accident.

The patient stated "he was crushed in or near the middle," but was naturally unable to give much detail of the accident. He was given first aid locally, and his notes stated: "He has sustained a compound fracture of the nasal bones and scalp wounds necessitating seventeen sutures. He is unable to pass water and a catheter draws off blood-stained urine. He has severe contusions of the right hip and the left shoulder."

I do not propose to refer again to the injuries of the head and shoulder, but will confine myself to a description of the abdominal condition.

My attention was drawn to this case five hours after the injury had been received and after the patient had completed a journey of some hours in an ambulance. He was then suffering from profound shock, was cold, pulse 120 and temperature sub-normal. The man was perfectly conscious, and complained of agonizing pain in the abdomen, situated chiefly in the hypogastrium. The pain was described as of a stabbing, rather than of a colicky nature. He had not vomited and had passed flatus. The facies was that of a severe haemorrhage case, the mucous membranes being very anaemic. The abdomen moved very little on respiration. There was a mass the size of a large orange with indefinite edges in the left Poupart and iliac regions. This was semi-solid and equisitely tender. The
abdomen was as rigid as a board and one could not eliminate the resistance by flexing the knees or altering the patient's posture. Shifting dullness in the flanks was not elicited. Lateral pressure on the crests of the ilia was painful and also any movement of the lower limbs. Rectal examination revealed great tenderness in front of the trigone area. Passage of a Jacques catheter, which was easy and painless, caused a few ounces of bloody urine to be withdrawn.

From the above history and physical signs I decided that the patient had fractured his pelvis and had probably an intra-peritoneal lesion of his bladder, causing peritoneal irritation. It was obvious that abdominal section was necessary, and I gave \( \frac{1}{6} \) grain morphine hydrochlor. hypodermically and waited an hour while he was warmed up and the theatre prepared. The patient's limbs having been well bandaged in cotton wool and his thorax enveloped in a gauze jacket he was removed to the theatre. A final abdominal palpation just before he went under his anaesthetic showed the abdomen to be still generally rigid.

Major O. C. P. Cooke anaesthetized and gave A.C.E. on a Yeo's mask, assisted by Captain J. E. Foley I opened the abdomen in the middle line. After a careful and systematic search I failed to find any pathological lesion or change in the peritoneal cavity. Therefore closed the peritoneum and dragged the bare area of the bladder into the lower end of the wound and anchored it there with two silk ligatures. The large haematoma dissecting up the abdominal wall was then cleared away. Palpation in the cave of Retzius and retraction of the recti muscles showed a fracture of the pubic arch half an inch lateral to the symphysis. On the left side the ends of the pubis were overriding and irrereplaceable. The bladder was then opened. A little blood and urine escaped. Visual examination of the bladder in the absence of suitable retractors, headlight, etc., was impossible, but there appeared to be a perforation of the bladder at its base anterior and superior to the trigone. The patient's condition was now critical, and I completed the suprapubic cystotomy by closing the wound round a large tube in the bladder, and draining the cave of Retzius. The wound was dressed with a solution of bismuth and sterile paraffin and a McDougal's apparatus applied, draining into a bottle below the bed. His condition for twelve hours was grave, but anti-shock treatment prevailed and he made an uneventful recovery. He was nursed on his back, lying between large sand bags placed against his hips. The abdomen and suprapubic sinus were soundly healed in four weeks, and nine weeks after the operation the patient passed normal urine without trouble or pain, and can hold it all night with ease. Ten weeks after the accident I allowed him to get about on crutches, and now he can stand up without any support or pain and is just commencing to walk.

Radiograms were taken six weeks after operation here, and I add copies of the report on the film and reduction of the negative from Major D. B. McGrigor at Millbank to whom I sent the original as an unusual case.

The film shows extensive double fracture of pelvis.
A, Fracture of left ileum middle of crest obliquely down and back to the middle of the sacro-iliac synchondrosis. I do not think there is much displacement although this is difficult to decide without stereoscopic work.

B, Fracture dislocation of the left pubis with comminution over crest and under spine and involving angle and symphysis of pubis, the lower ramus impacted into ischio-pubic ramus.

Further I think the radiogram of the pelvis of an exceptional high technical standard, and it is most interesting to note that the radiographer produced this excellent film of a very difficult case with an ordinary field service outfit, using: Milliamperes, 5; spark gap, 6 inches; exposure, 10 seconds; position, A.P.; cathode distance, 24 inches; duplitized films and double intensifying screens.

In conclusion I would lay stress on the following points:——

(1) The importance of immediately passing a catheter in cases of severe injury to the lower abdomen and pelvis.

(2) It is my invariable custom in these cases to instruct them, however
urgent the desire, to refrain from attempting to urinate until catheterization has excluded vesical or urethral trauma.

(3) The length of time so-called "peritonism" can last.

In this case the peritoneal reflex causing abdominal rigidity lasted six hours after the accident in spite of morphia, and although there was apparently no definite continued peritoneal irritation after the initial blow on the abdominal wall.

(4) I would, in spite of this, explore the abdomen in all cases with similar physical signs. A negative result is not to be compared in danger to delay in performing laparotomy in cases of perforated hollow viscera.

I must thank Colonel L. Humphry, C.M.G., R.A.M.C., my commanding officer, for permission to publish this case and for his encouragement and help.

---

Sport.

HINTS ON FISHING IN THE NILGIRIS.

By TOTEM.

Many a keen fisherman, who has brought his rod and tackle to India on the chance of enjoying his favourite pursuit, finds himself possessed of a few weeks leave in the Nilgiris, and sets off to test the trout-stocked streams; but is handicapped by lack of local knowledge and shortness of time in which to remedy that defect.

These rough notes may be a help to such enthusiasts although the resident angler may well glance at them with tolerant scorn.

The notes will describe briefly all the fishing localities; the methods of approach, and the various methods of fishing which the writer has successfully employed will be discussed.

The fishing localities consist of a series of rivers, the majority of which have been stocked with trout of the rainbow variety, and are preserved. Details as to preserved areas and licences may be obtained from the District Forest Officer, Ootacamund. Season, monthly, and daily licences may be obtained for the specially preserved streams and also for the streams which are open all the year round.

The enthusiastic fisherman who cannot obtain leave during the open seasons for the special streams, should note that excellent sport may be had in the latter in the off months, i.e., November to April for a daily licence of Rs. 2 only.

I.

The Avalanche and Emerald valley streams flow east from the Kundahs and join to form the Kundah river which flows down a deep gorge to join the Bhavani. The two former are open during the season only: the latter is open all the year.