*SHORT NOTES OF
RARE OR OBSCURE CASES*

**A CASE OF SPONTANEOUS RUPTURE OF THE
URINARY BLADDER.**

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AND

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THE particulars of the following case are of interest, it is an example of perforation from ulceration of a non-specific character—a very rare condition —

Pte. J O. was wounded on Jan. 4, 1916, by a fragment of high explosive shell which penetrated his back. He was admitted to the 3rd Northern General Hospital on Jan. 12.

ON ADMISSION.—There was a small wound of the back on the level of the 11th dorsal spine. There was complete paralysis, loss of sensation, and loss of reflexes corresponding with a complete transverse lesion of the cord at the level of the last dorsal segment. There was retention, with false incontinence of urine. There was marked cystitis, and the urine contained a large amount of pus and blood. The skiagram shows a foreign body at the level of the 2nd lumbar spine.

The condition continued much the same up to March 15. The cystitis showed no signs of improvement, in spite of treatment with drugs and regular bladder washings. But on this date, about three hours after the bladder had been washed out, he was suddenly seized with acute abdominal pain, particularly marked in the hypogastrium.

On examination, he was found to be suffering from severe shock, and looked very blanched. The pulse was 130, temperature 97·2°. The lower part of the abdomen was not moving on respiration, and there was tenderness and marked rigidity in the hypogastrium. The scrotum was swollen and œdematous.

A soft rubber catheter was passed into the bladder, and a little blood-stained urine evacuated. A pint of boracic lotion was then run in, but only eight ounces were returned. The scrotal swelling was slowly increasing.

OPERATION.—Within an hour of the onset of the symptoms a central suprapubic incision was made under general anæsthesia. Several ounces of blood-stained fluid escaped from the extraperitoneal tissues. The bladder was then opened by incising the extraperitoneal portion, and palpated from

within. On the anterior wall, just to the right of the middle line, there was a small ulcer which admitted the tip of the index finger. This had perforated through all the coats of the bladder. A drainage tube was put into the bladder, and the rest of the incision closed. Multiple incisions were made into the scrotum and on either side of the pubes.

The cystitis quickly improved, and at the end of a fortnight had cleared up entirely. The suprapubic tube was then removed and the wound quickly closed. The general condition has remained good, but the paralysis and anæsthesia have remained the same.

The favourable progress of the cystitis subsequent to suprapubic drainage suggests that this procedure might be advantageously resorted to as a routine practice in the treatment of severe bladder inflammation following spinal injury.

CASE OF A WOUND OF THE PORTAL VEIN: OPERATION: DEATH NINE DAYS LATER.

BY LIEUTENANT W. H. C. ROMANIS, R.A.M.C. (T.C.).

THE following case of a shell wound of the abdomen which was treated in a casualty clearing station may be of interest on account of the actual injuries caused, and also as an instance of a shell fragment passing through the abdomen from front to back without injuring any portion of the intestinal canal.

An Australian soldier was wounded by a high explosive shell at 4 a.m. on July 5, the fragment entering just below the left costal margin, one inch to the left of the ensiform cartilage, and not leaving the body. When first seen, late the same evening, the patient's condition was bad—he was pale and cold, with a thready pulse of 120, vomiting was marked, and the abdomen was very rigid all over, tenderness being especially felt in the epigastric region. Under chloroform a laparotomy was performed through the left rectus at 3 a.m. on July 6, twenty-three hours after the receipt of the wound, and the abdomen was found to contain a large amount of fresh blood. A track was traced down and to the right, through the left lobe of the liver, emerging on its under surface, passing through the lesser omentum, and tearing a lateral hole about half an inch long in the portal vein, from which blood was gushing freely. A plug was placed in the liver wound and two artery forceps were clamped on the side of the vein in a longitudinal direction, these controlled the hæmorrhage. The track of the missile was then seen to pass on just to the outer side of the second part of the duodenum, and to pierce the peritoneum of the posterior abdominal wall here. Owing to the condition of the patient the fragment was followed no further, and a rapid examination of the stomach, small intestine, and transverse colon discovered no perforation. The blood was then mopped out and the wound closed in three layers in the usual way, the plug and the artery forceps being left *in situ* with their handles emerging from the upper end of the incision, half an inch of which was left unsutured