

signs of falling, and he ran to save himself, but unfortunately fell on his abdomen, over an old heap of rough boulders of clay, with his right thigh extremely flexed upon his body, and his perineum upwardly exposed. The embankment of clay fell upon him in this position; covered him to about four feet in depth; and when taken out of this perilous entombment by his fellow labourers he was apparently dead; but on exposure to the atmospheric "pia mater" he soon showed signs of life. An hour after the accident he complained to me of a severe pain across his pelvis and pelvic joints, and along the course of the urethra. His pulse was weak, and beating 100 per minute; he was breathing laboriously, with a sense of stricture of the intercostal muscles on both sides; skin rather cold and clammy; countenance pale and anxious. The scrotum and perineum very extensively ecchymosed. The lower extremities normal, as to length and position, but completely powerless. A dose of castor oil was administered, and fomentations applied to the bruised parts and chest. On the 23rd, the bowels were opened freely by the oil. Skin warmer, tongue moist and clean; pulse 98, fuller and soft; voided no urine; complained very much of pain over the region of bladder. That viscus could be distinctly defined, but considerably distended. He stated that he had been affected occasionally with difficulty of passing his urine, from enlarged prostate. I endeavoured to pass the catheter as gently as possible without effect; called on my esteemed friend Dr. McNogie, who likewise endeavoured to pass the catheter without beneficial results; and after being both foiled in our attempts at relief in this way, we gave it up as impracticable, and left him with warm fomentations applied over the hypogastric region.

On the 25th his bowels were again opened; pulse 110, soft and full; violent pain in the hypogastric region; had voided no urine; bladder very much distended; hiccup; countenance haggard and anxious. He thought that it was impossible for him to live, but wished relief from pain. Again uselessly tried the catheter; proposed puncturing the bladder. He was anxious that it should be done, although he knew of its danger. The perineum being so much bruised, precluded its adoption as a site for puncture. The want of a curved trocar prevented the adoption of the rectum method. The only other method was above the pubes. I made an incision about an inch and a half long, from the symphysis upwards, exactly in the mesial line, and then separated the edges of the pyramidal muscles and pushed