On September 19th, 1907, he retired at 11 p.m. At 5 a.m. on the morning of the 20th, while on his way to the bathroom (and scarcely yet awake), he took the first turning, which happened to be the wrong one, and fell headlong downstairs, the rounded top of the corner post of the landing striking him a severe blow immediately above the pubis. The bladder was full when he started, but when he picked himself up a few minutes later, all attempts at micturition were ineffectual. Dr. Ernest Williams, his physician, was called and ordered him to bed. There was very little pain, and shock was not a marked feature. Dulness was present about the pubis, but a soft rubber catheter only produced two ounces of bloody urine. In consultation at 5 p.m., there was marked dulness over the bladder, extending well above the pubis and laterally, and was somewhat irregular in outline. This was marked with ink. A catheter produced only three ounces of bloody urine.

We passed a marked quantity of boric solution into the bladder, and found we had lost three ounces. We tried again with six ounces, and left two ounces unaccounted for. The dulness over the lower part of the abdomen increased correspondingly above the indelible line. Dr. J. B. Campbell, who administered the chloroform later, concurred in our diagnosis, and the need of urgency.

Patient was immediately moved to the operating room, and a supra-pubic incision made in the usual way. After separating the recti, and pushing aside much adipose tissue, urine welled up into the wound and was mopped up with pads. The finger, inserted into the wound, entered a rent in the fundus of the bladder, torn transversely near the reflection of the parietal peritoneum, quite an inch or more in length. The superficial dulness immediately disappeared. No attempt was made to suture the somewhat ragged bladder wall, but a half-inch tube was inserted, and a smaller one into the lateral space, also a piece of gauze prevesical. The upper part of the superficial wound was sutured with interrupted fishgut, a No. 8 soft rubber catheter tied in the bladder, and the patient put to bed in the Fowler position. There was practically no suppression of urine. In five days the tubes were removed, also the catheter.

On the sixth day there were some severe chills, the temperature ran up to 105 F., and some pus was irrigated from the wound. Warm boric acid solution was used daily by irrigation through the urethra. On October 20th (one month later), the wound closed, the patient left the hospital and made an uneventful recovery.