CASE OF
EXTENSIVE NECROSIS
OF
THE BONES OF THE CRANIUM
AND
REMOVAL OF LARGE PORTIONS THEREOF.

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THE subject of the following narrative exhibits a greater extent of disease, affecting the Bones of the Cranium, (without in any way producing injury to the general health or cerebral functions of the patient,) perhaps, than any case on record, and as such may be deemed worthy of notice.

Thomas Blackman, in 1845, was a sailor, serving on board H.M.S. "Mutine," at Sierra Leone, when, from falling down a flight of stone steps, he received a contused wound of the scalp, covering the left side of the occipital bone. The bone was not supposed to have been injured at the time.

In October, 1845, we find him a patient in the Royal Naval Hospital, Plymouth; when the bone was, for the first time, found denuded of its pericranium to a considerable extent. Shortly after this he suffered from an attack of erysipelatous inflammation, involving the whole of the head

and face, leaving numerous purulent deposits under various parts of the scalp. The process of necrosis became more evident, and at different points matter was observed oozing from beneath the diseased bones; and when they had separated from each other at the coronal and sagittal sutures, the pulsations of the brain were distinctly visible.

In July, 1846, he was removed to Melville Hospital, Chatham.

It is scarcely necessary to trace the progress of the disease during a period of six years; further than to remark that his chief suffering arose from repeated attacks of erysipelas; often accompanied by much febrile excitement. His general health, however, at no time appeared much impaired, but, as a prophylactic against the effects of long protracted irritation and profuse suppuration, it was deemed expedient to afford a generous diet, with a moderate allowance of wine or malt liquor.

It was observed, that as the process either of *Caries* or *Necrosis* (for they were coexistent) advanced, the disease attacked, at some points, both tables of the bone simultaneously, while at others the external alone suffered. In the former case, the bones separated from the dura mater in large portions, while, on the other hand, when the external table alone suffered, it separated more slowly in smaller portions, and came more distinctly under the term *Caries*.

The disease still continues in the remaining portions of the cranium, and I may here observe, that at no point does there appear the slightest tendency to ossific reproduction.

On taking a general view of the head, the integuments are observed to have receded from their natural position, and to form several irregular masses, and Nature has provided the denuded *fibrous membrane* (by the deposition of lymph and by cicatrisation) with a delicate and highly vascular integument, through which the pulsations of the cerebrum are distinctly visible. On minute examination of the head, the following portions of bone are found to have been removed:—Of

the right side of the frontal, parietal, and squamous part of the temporal bones, about five square inches ; the whole of the occipital, to within a short space of the foramen magnum, is deficient, save a portion of the centre, of about two square inches, which is detached, and moveable ; this is in process of being thrown off. A large portion of the left side of the frontal, parietal, and temporal bones, remains at present firm, but in a diseased state, as is evident from numerous openings, discharging pus of a fetid nature, through which the bones can be felt, in a state of *caries*. A portion of the posterior part of each parietal bone exists, as a slender arch over the vertex.

It is scarcely to be expected that this patient will be so fortunate as to resist the effects of complete destruction of the whole of the bones of the skull, which, if he live, must sooner or later take place. At present he is in robust health, suffering but little inconvenience from the extent of the disease. He continues a patient in this Hospital.

Two very accurate casts of the case, in wax, have been taken, one of which has been deposited in Haslar Hospital, and the other in Fort Pitt, Chatham, and which are well worthy the notice of any pathologist visiting these establishments.