THE CASE OF COMMANDER SELBY, R.N.

By R. SARELL, M.D., M.R.C.P.,

Professor of Clinical Surgery in the Imperial School of Medicine, Constantinople.

AT about 7 P.M. on Tuesday, February 14th, I was called on board H.M.S. *Falcon*, which had just returned from the Marmora, to see her captain, Selby, who had been severely wounded at about 3.30 P.M. on the previous day by Albanians, while out shooting near Artaki. I saw him in consultation with Staff-Surgeon Kellett of the *Falcon*, and Surgeon Drew of the *Cockatrice*; the latter, having replaced Dr. Kellett, absent on leave, had had charge of the sufferer ever since the accident. Captain Selby was lying in his berth, his head bandaged; he did not complain of pain; his pupils were normal, and his countenance bright and intelligent. When questioned, he said "yes" to everything, and repeated "yes" over and over again; although showing by his manner that he knew it was not what he wanted to say, until by a final effort he was able to say "no".

As in the berth where he was lying he could not be conveniently approached, we caused a bed to be placed on the floor of the cabin, and Captain Selby was moved to it quite easily with a little help. On removing the bandages, I discovered a large gash with gaping sides right over the vertex in the middle line, slightly oblique from behind forwards and from left to right; the margins of the wound were distant nearly a quarter of an inch at its centre, the intervening space being filled with clot; the right border was raised, while the left seemed depressed; but this depression was only apparent, and due to the displacement upwards of a large fragment of the left parietal bone; this fragment had not only been broken off at its attachments, but also broken transversely into several fragments; the fragment at the posterior angle of the wound was the smallest and presented the greatest mobility, and its edge was tilted upwards. At this point, on dropping gently a probe into the wound, I found that it penetrated more than an inch.

Notwithstanding the severity of the blow, and the injuries it inflicted, Captain Selby had neither been knocked down nor stunned; he had been able to escape from his assailant, to walk and to run, to undergo even further ill-treatment from other Albanians who garotted him, to travel on foot a considerable distance to the seashore, where he took some refreshment, and even smoked a cigarette, and finally to climb up unassisted the ship's side, which he reached at about 9 P.M. At this time, nearly six hours after the accident, Dr. Drew washed and cleaned the wound, applying a weak solution of tannin to check the oozing, which was still going on, and a light bandage. Up to this moment, the power of speech was perfect, and there was no intellectual dullness. During the night, at about 1 A.M., ten hours after the accident, Captain Selby became aphasic, and when I saw him, at 7 P.M. on the 14th, about twenty-seven hours after the accident, he was still aphasic, but no other bad symptom had shown itself. He had slept several times very quietly, taken a good deal of nourishment, and accomplished unaided all the natural functions. Under these circumstances, we ordered the application over the wound of liat steeped in a weak solution of carbolic acid, to be frequently changed, and left till the following morning, when we were to meet again, for consideration of the indications which the circumstances presented.

On February 15th, I again saw Captain Selby at 10 A.M., with Drs. Kellett and Drew, and found that during the night motor paralysis of the right arm had set in. In other respects, the condition was the same; the pulse was 72, the temperature normal, and the pupils also. The question of operating to relieve the brain was considered, but, as the broken fragments of bone were evidently uplifted and raised, rather than depressed, my colleagues did not consider an operation immediately indicated, and it was consequently adjourned.

On February 16th and 17th, Captain Selby passed the days very quietly, without anything new supervening. There was good appetite; regularity in functions; no abatement of intelligence; the power of utterance seemed to return, and he was able to associate several words together; his answers were more generally correct at once. But still, locally, the conditions were unaltered, and recovery did not seem possible without operative interference. My colleagues having concurred in this view, it was decided to operate the following morning, Friday, at 10 A.M.

February 18th, 10 A.M.—On arriving on board, I found that Captain Selby had been seized, at 8 A.M., by a convulsion, lasting about half an hour and occupying chiefly the right side, and more especially the paralysed right arm. The convulsion, however, on ceasing, appeared to have left him in much the same general state. This new symptom

evidently did not contra-indicate the operation, but only further showed its urgency. We administered chloroform, which rapidly induced anaesthesia without any period of excitement, and then made an incision across the vertex, from left to right, intersecting at right angles the wound at its centre. The flaps being detached and thrown back, a small fragment of bone presented itself, which had been tilted up almost perpendicularly, one end being driven inwards; this was easily detached, and removed; it measured about one inch by half an inch, and was oval in shape. The larger fragments of the left parietal bone, which had been broken and raised, lay over a clot effused between the bone and the membranes, but were not exercising any pressure on the right side. The axe had cut clean through the bone, producing no fracture; one or two sharp spicula of bone, which protruded, were broken off with the elevator. Under these circumstances, no trephining was needed, and it was not thought necessary to do anything further—the solution of continuity left by the fragment of bone removed more than corresponding in size to that which would have been made by the application of the trephine. The flaps were replaced in position, and the carbolic acid dressing, with occasional spraying of the wound with carbolic acid, ordered. The operation was borne very well, and did not occasion much loss of blood. Captain Selby continued in the same state after it; the pulse and temperature were nearly normal; all the functions were performed with regularity, he had a good appetite, and slept at intervals; there was no pain nor restlessness; the power of utterance was apparently improving.

February 19th. There was another convulsion at 8 A.M., which was relieved in intensity and shortened in duration by the inhalation of chloroform. Ten grains of bromide of potassium, every three hours, were ordered. In the afternoon, at about 4.30, there was another convulsion, very slight; and we noticed a slight degree of strabismus of the right eye, due to paralysis of the external rectus, and also a puffy oedema of the eyelids, and also ecchymotic discoloration of the lower eyelid. In other respects, there was no change. His appetite was good; he ate a beef-steak with relish at his dinner in the middle of the day.

On February 20th, there was no return of the convulsions in the morning; but the strabismus had increased, and the oedema of the right eyelid was now marked. The appetite, however, was still good, and Captain Selby again ate with pleasure a beef-steak at 12 o'clock. At 2.30 P.M., he complained of intense headache, lasting nearly two hours; after which he was again quiet. At 7.30, he was seized with vomiting, which yielded to four minims of dilute hydrocyanic acid, in half a wine glass of water; after this he dozed till 9.30 P.M., when a slight spasm set in, followed by coma, ending in death at 11 P.M.

Necropsy.—On the following day, at 3 P.M., an examination of the head was made. On throwing back the scalp, and removing the calvarium, it was found that the axe had made a clean cut, about four inches long, quite through the bone, leaving a clean bevelled margin on the right side, and tilting up on the left side a fragment of the left parietal bone, almost rectangular in shape (four inches by three), which was transversely broken into three fragments. The two anterior fragments (larger and almost equal in size) had not been dissociated from each other, but were kept together by a semi-organised clot, which lay between the bone and the dura mater. The posterior fragment (smaller, ovoid in shape), which had been driven in, penetrating the membranes and the brain, had already been removed by operation; a hole through the membranes and the brain corresponded to its position, and the finger entering this hole penetrated into a cavity to a considerable depth. On removing the brain and slicing it, this cavity, due to secondary inflammation and softening, was found to extend to the left lateral ventricle; it was filled with coagula and detritus. A considerable amount of blood was also found effused in the subarachnoid spaces at the base of the brain on each side.

It is scarcely probable that recovery could have taken place after an amount of injury such as that which is shown to have existed here; but it certainly is remarkable that the immediate effects of such a wound should have been so slight; and that Captain Selby should have been able to do all he did for so many hours after being struck.

LADIES' DRESSES.—An exhibition of ladies' hygienic wearing apparel, including specimens of Greek dresses, divided skirts, tennis dresses, æsthetic dresses, and many other costumes, sanitary boots, stockings, petticoats, bodices, corsets, and underclothing, will be opened, under the auspices of the National Health Society, at the Cavendish Rooms, 51, Mortimer Street, Regent Street, on Tuesday, March 21st, 2 till 5, and will remain open till Saturday of the same week. The price of admission will be one shilling.