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NEW SERIES.

HOSPITAL REPORTS.

St. George's Hospital.

CASE OF FRACTURE OF THE SKULL.

By GEORGE POLLOCK, Esq., Assistant-Surgeon.

A boy, 13 years of age, was admitted into the hospital on the 27th September, 1854, in a state of partial insensibility, and with a small contused wound over the right eyebrow. On the evening previous to his admission, he had been sent into a field, for the purpose of driving home some horses; and, as he was an unusually long time absent on his errand, a person was sent to look after him, and found him lying insensible in the field, bleeding freely from a wound of the head. The supposition was that, in driving the horses in, he had been kicked by one of them on the injured part.

On examination after admission, he was found only partially sensible, putting out his tongue when told to do so, but not answering questions, and being occasionally noisy and restless. Pulse natural in volume and number; tongue white and coated; moved all his limbs freely; no stertor. The right pupil acted sluggishly, the left naturally. He was constantly rolling about the bed, and called out very much when the wound was examined. No involuntary movements were noticed. On the right eyebrow, a small contused wound was observed; and the cellular tissue of right orbit was much infiltrated with blood. The eyelids on the same side were much swollen and ecchymosed; the globe itself was very prominent. The effusion of blood could be seen extending under the ocular conjunctiva, but not to any great extent, or in any large quantity. There was a mark, from dried blood, running from the left nostril to the mouth; and there appeared traces of blood in the left ear. On introducing the end of the finger into the meatus, it was found moistened with fluid, but not blood. The finger was passed into the wound over the eyebrow, when a sharp edge of bone was felt just above the superciliary ridge, and running in a parallel direction to the latter. This edge appeared elevated above the upper portion of the frontal bone to the extent of half an inch.

Sept. 28th. When seen by me some short time after his admission, he appeared rather more dull than when first seen by Mr. T. Holmes, the house-surgeon; he only answered questions in monosyllables, and when spoken to loudly. The face was flushed; the globe protruding considerably; and, when roused or moved, crying and being very noisy. In consultation with Mr. Tatum, I at once decided to relieve the depression as much as possible. The wound was extended laterally along the line of the brow, and another wound was made upwards from the middle of this. This exposed a considerable surface of depressed bone, commencing a little above the orbital edge, and running outwards towards the temporal fossa. The depressed portion appeared also to extend into the upper wall of the orbit, but it was difficult to ascertain its exact extent. The fracture was comminuted and complex, and no accurate description could be given of its true character and condition. The depressed portion was somewhat V-shaped; the point being outwards and most depressed, but all so tightly locked in that the point of the elevator could not be introduced to raise it.

The trephine was applied just above the depressed portion, on the edge of the fracture, so that little more than half a circle of bone should be removed. Subsequently, the end of the elevator was very readily used, and gradually

loosening the depressed portion, it was without difficulty detached and removed. This was found to be only one part of the depressed surface of bone, and only the upper part. The lower depressed portion was found to be more firmly fixed. A point of projecting bone, a portion of the orbital edge, was now cut off by bone nippers, and then the remaining depressed surface was partly raised. But as the latter appeared to be rather pushed into the orbit (and thus extended the globe to a certain extent), and not into the cavity of the cranium: and as much force would have been requisite to replace it, with no little disturbance of the parts, it was thought best by Mr. Tatum and myself that no further attempts should be made to replace the depressed portion of bone into a more natural position.

Several small pieces of bone were then removed from the wound, and the dura mater, which could be distinctly seen uninjured, and apparently healthy, was exposed to at least the extent of half a square inch. There did appear, from its colour, to be some blood effused underneath it; but this was only conjectural. The wound was lightly dressed with lint and warm water. After the operation the pulse was 104, but weak. 7 P.M. There was much heat of skin; the action of the carotids was apparently more powerful than the radial arteries, and no diminution of the constant noisy, restless, and half unconscious manner. Tongue rather inclined to be dry, with thirst. Sometimes crying out loudly; and yet when spoken to answering yes or no, though not apparently understanding the question. Pulse rather sharper, and still quick. He was ordered a grain of calomel every hour. 10 P.M. The grain of calomel every second hour; continues much the same.

Sept. 29th. Pulse 88, weak, but altering considerably in frequency and character. Tongue white, coated, and rather dry; lips dry; face flushed; skin hot. Still calling out, restless, and irritable. Not more conscious than yesterday. Is certainly lower in general condition; the abdomen very empty; and as this is the third day of the accident, and without taking any food, with the pulse showing more general debility, the calomel was omitted, and he was ordered some beef-tea.

Sept. 30th. He continued much the same all yesterday and last night. Indeed, he was so noisy when seen in the evening, that I proposed his removal into a small room, so that the patients in the ward should not be disturbed; however, he soon afterwards went to sleep, and consequently was not moved. Pulse 90, weak; tongue dry and brown; bowels rather relaxed. His irritable, insensible, and occasionally noisy condition remains much the same, but he now occasionally calls out for the nurse, or the names of members of his own family sitting near him. He has taken his beef-tea without trouble, and all medicine is discontinued. He was ordered a little wine and water, but its effects to be carefully watched. The wound discharging freely.

Oct. 3rd. He has remained in much the same state for the last three days, though perhaps slowly improving. He is more sensible; but still in the pettish, irritable, and half-insensible condition, as before; calling out loudly sometimes, occasionally for his relations, at other times for food or drink. Pulse regular and stronger; tongue cleaning; and wound healthy; granulations filling up the cavity, though the pulsations of the brain can be readily perceived. He was to day ordered some fish and beef-tea.

Oct. 5th. He is steadily improving, and the wound rapidly healing; and he is himself getting more manageable, and less noisy and irritable; he enjoys his food considerably, and eats with good appetite. Ordinary diet.

Oct. 8th. The eye-ball has been very prominent throughout, and there is so much chemosis at the lower part, that the lower lid has been some days everted. There is some purulent discharge from the exposed conjunctiva; but nothing else of importance to note. A wet rag is kept applied to the lid.

Oct. 9th. The wound granulating and contracting; pulsations of pain still distinct. He is more sensible, but still occasionally noisy.

Oct. 24th. Progressively improving; pulsations of brain still distinct.

Subsequent to this, nothing of note occurred as far as regards the wound or general symptoms; he continued to improve, and the wound gradually healed. The eversion of the lower lid was very troublesome for some time; and the only plan that succeeded in overcoming the tendency to eversion, was keeping the eye closed, and pressure made on the lid, when replaced in its natural position, by means of a pad of lint. Keeping it shut up for a week, appeared to allow the orbicular muscle to recover itself, and subsequently there was no trouble from it.

He left the hospital in December. The wound was healed, but still the pulsations of the brain were visible. He was free from headache, and appeared in every respect well. The protrusion of the eye-ball was apparently diminishing.

[To be continued.]

ORIGINAL COMMUNICATIONS.

CALCULUS VESICÆ; SYMPTOMS EXCESSIVE, ONLY SLIGHTLY RELIEVED BY MEDICINES; OPERATION; RECOVERY.

By WILLIAM THOMAS BELL, Esq., late House Surgeon of the London Hospital.

ARTHUR SAUL, aged 62, custom-house officer and tollbar keeper, formerly in Her Majesty's Navy, of short stature, grey hair, blue eyes, and swarthy pale complexion, and extremely excitable temperament, greatly emaciated by his sufferings, came under my care in July 1854, with calculus in the bladder.

He has been under treatment for some weeks past, and during this time has suffered very urgently with symptoms of calculus. The alkalies, dilute nitric acid, pareira, and other bladder tonics, and morphia at night, and hip-baths, were administered: notwithstanding these, his symptoms kept increasing. He was sounded, and a calculus detected. He is now passing blood, with a large quantity of muco-purulent matter. Sufferings intense; every symptom of calculus aggravated.

About a year and a half ago, he had an attack of inflammation of bladder and prostate gland, which were relieved by appropriate remedies: and, from this time to the present, has remained in good health.

When a young man, he had stricture, for which he was treated in the Elsinore Hospital, and from which there still remains a thickening in the membranous portion of the urethra, prohibiting lithotomy.

July 28th. The patient's bowels having been freely moved by a purge and an enema, under the influence of chloroform, and in the presence of several of my professional friends, I performed the lateral operation of lithotomy, by making first incision in the perinæum, with a double-edged straight French scalpel, down to the staff, opening urethra with the same knife, and then introducing into the bladder a *bistouri caché*, for incising the neck of the bladder and prostate. After seizing the calculus with forceps, it broke to pieces, and was removed with the scoop and injections of water.

My lithotomy instruments were made by M. Charrière, of Paris, and are those commonly used by French surgeons.

There was no hæmorrhage. He was put to bed, and the

usual appliances used. About the fourth day, his urine began to pass by the natural channel; and from the first he progressed most satisfactorily, requiring nothing but an occasional dose of castor oil, tonics, full diet, porter, and gin, to keep up the powers of life. He continued to pass several minute fragments of calculus, after the operation, through the wound, and occasionally by urethra. At the end of a month, he was able to be removed home, a distance of a mile, and sit up several hours in the day. For some weeks after the wound had healed, a good deal of irritability of the bladder and frequent micturition continued. With these symptoms, I again sounded him, and could detect nothing. Urine very alkaline, depositing largely upon standing. I ordered him—

R. Acid. nitrici dil. 3j; ext. pareiræ bravæ 3j; decoct. pareiræ bravæ ʒviiss. M. Fiat mist. cujus capiat æger cochlearia ij magna ter die.

R. Argenti nitratis gr. vj; pulv. opii gr. vj; aquæ destillat. ʒviii. M. Fiat injectio.

Injectetur ʒj injectionis vesic. semel in die.

and a plain, simple, unstimulating diet. Under this treatment, which was persevered in for about three weeks, he got perfectly cured.

The calculus was about the size of a walnut, consisting of phosphate of ammonia, lime, and magnesia, exceedingly soft and friable, and readily breaking up under the fingers.

Great Grimaby, Lincolnshire, Nov. 2nd, 1855.

ANALYSIS OF ONE HUNDRED CASES OF CEPHALALGIA.

By EDWARD H. SIEVEKING, M.D., Fellow of the Royal College of Physicians, Assistant-Physician to St. Mary's Hospital, etc.

In some remarks on the importance of headache as a symptom in fatal diseases of the brain, and on the numerous pathological conditions which are characterised or accompanied by headache, published in the *Medical Times and Gazette* (Aug. 12, Aug. 19, and Aug. 26th, 1854), I entered at length into the etiology of this very common and troublesome complaint. The following tabular view of one hundred unselected cases, taken in the order of occurrence from my memoranda of hospital and private patients, may serve to illustrate the affection, and to show how numerous the disorders upon which the symptom is based. The nomenclature of the probable cause is necessarily one upon which there may be diverse opinions. As I have had no theory to establish, it may at least be free from the objection, that it supports a foregone conclusion. In many instances, no doubt, several causes co-operated; the one that appeared to be the most palpable, and suggested itself most readily, has been put down. The reason why the cases amount to one hundred exactly is, simply, that I have stopped at the record of the hundredth case.

The affection was classed under the name of cephalalgia when this was the only or the most prominent symptom which induced the sufferer to apply for relief. The analysis alone will serve to guard me against the imputation of regarding it as a substantive disease.

In many of the cases there were undoubtedly complications of the probable pathological conditions: those have been set down as the efficient causes in the respective cases which appeared to indicate the mode of treatment to be adopted. The arrangement cannot therefore satisfy the demands of a scientific classification, as the causes do not all occupy the same relative rank: thus, in the case of syphilis, the intracranial state might be one simply of hyperæsthesia or of congestion; in the headache accompanying disease of the heart or dyspepsia, the same might apply. Our mode of investigation is not, however, sufficiently advanced to determine the *causa proxima* in all cases. We must, therefore, generally be satisfied with the more empirical proceeding of finding out the exciting or predisposing cause.