NOTE ON A CASE OF LANNELONGUE'S
CRANIECTOMY.By CHARLES WARD, F.R.C.S.I.,
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In Treves's *Operative Surgery*, vol. ii, p. 721, it is stated that down to 1894 36 cases of Lannelongue's craniectomy (or slight modifications of it) had been performed, with 4 deaths. As I have no means of referring to the different papers on the subject by Messrs. Horsley, Keen, and others, I am unable to ascertain how long after operation death occurred in the fatal cases, what part complications may have played, nor for what condition the operations were performed. But as the subject seems to be of some interest to surgeons, perhaps the following brief notes may contribute to an estimation of the value of the operation as a curative or palliative measure.

The patient was a boy, aged 6 years, and several medical men having met in consultation it was decided that he was suffering from syphilitic hyperostosis of the skull; and we were pressed by the relatives to do something to relieve his sufferings, which were painful to witness. The chief symptoms were a large head for his age; hard, regular, symmetrical thickening of skull; a haziness of the cornea; profound symmetrical deafness; almost complete obliteration of postnasal fossa; foul discharge from nostrils, and complete loss of speech. The limbs were thin and wasted, and the gait was tottering. He was very restless, and had sudden violent attacks like mania, rushing and biting at anything, with loud screams and struggling. He had been treated with thyroid gland substance, with no improvement. But it was thought that slight benefit had resulted from mercurial inunction and hyd. c. cret. internally.

On November 27th, 1898, at the Durban Sanatorium, I operated as follows: Commencing on the left side, a rectangular flap of scalp about 2½ inches wide was cut, extending the whole length of the parietal bone, and having its base close to the middle line of the vertex. This being reflected up and fixed, a trephine opening was made in the bone posteriorly, and then the bone was cut through forwards the whole length of the incision at about ½ inch from the sagittal suture, and about ½ inch wide. The bone was very thick and of stony hardness, and required considerable force with a chisel and hammer to cut it, ordinary bone forceps making little or no impression on it. There was very free hemorrhage. The dura mater bulged out considerably and was punctured, letting out about 2 ozs. of clear fluid. The boy's condition being reported as favourable, it was decided to continue, and the same proceedings were carried out on the right side. The wounds were treated in the usual manner.

The case was left in charge of my friend Dr. Birtwell, of Durban, and recovery from the actual operations was rapid and uneventful, mainly owing to the extreme care and attention he was good enough to devote to the case.

It was about three to four months before I could get an opportunity of seeing the case again, and then his condition was very much improved. The deafness was nearly gone, the cornea was clear and bright; speech had returned so far as to enable him to say a few words he had been accustomed to use when able to talk before. He "took notice" and would laugh at certain antics of play which the other children performed for his amusement. The screaming and maniacal fits had completely disappeared, as had also the nasal discharge; he slept and ate better, and his appearance generally was improved. But his legs were decidedly worse, and he could no longer walk; there did not appear to be any more wasting of the limbs, and sensation was little, if at all, affected. Altogether I had considerable hopes of him, and thought it possible specific treatment might yet prove of benefit. But on April 28th, 1899, five months after operation, and whilst still apparently improving, he was suddenly seized with a "fit," and was dead before Dr. Birtwell could reach him.

Unfortunately Dr. Birtwell was unable to make a *post-mortem* examination, and so the case remains incomplete. But I think that it was sufficiently encouraging to warrant similar proceedings should such a case ever occur to me again.

I had also the advice and assistance of the late Dr. Hall, of Durban, at the operation.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

PIN INTRODUCED INTO THE EAR PASSED *PER ANUM*.

THE following case appears to me to be worthy of record on account of its rarity: A man aged about 22 consulted me on the evening of May 21st. He had suffered from otorrhoea and deafness for many years, the deafness being more pronounced on the left side. Just before I saw him he had been trying to remove some cerumen from the right external meatus with an ordinary small pin, when it suddenly slipped inside. He came at once to see me, and I proceeded to get out a mirror and speculum, and lighted a lamp for the purpose of examina-

tion. Whilst I was making these preparations he exclaimed suddenly that "he felt it in his throat." I examined the throat, passed a probang, but found nothing. I then examined the ear most carefully with a speculum, but could find no pin.

The patient was still dissatisfied, so I advised him to see Mr. J. W. Langdon, Ophthalmic and Aural Surgeon to the Preston Royal Infirmary, early in the morning. He did so, and Mr. Langdon wrote to me saying he could find no foreign body, but there was a perforation of the right membrana tympani with a discharge.

On May 23rd I again saw the patient, who said he had no pain in the ear or throat, but wanted some medicine for a "pain in the stomach." A few days later he informed me that on May 24th, when he was about to have a motion of the bowels, he felt a slight pricking sensation. He examined the stools, and to his great relief and satisfaction found the missing pin.

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OSSIFIED STYLO-HYOID LIGAMENT SIMULATING A
FOREIGN BODY.

THE case recorded by Mr. G. W. Farmer in the *BRITISH MEDICAL JOURNAL* of June 9th, in which he removed an ossified stylo-hyoid ligament in mistake for a foreign body in the pharynx, reminds me of a case I had some four or five years ago, when I was House-Surgeon at the Chichester Infirmary. A man came to the infirmary one evening and said that whilst eating some hashed rabbit he had swallowed a piece of bone and that this was still sticking in his throat. I examined the pharynx with a mirror and could see nothing abnormal, but on exploring with my finger I felt an elongated hard substance beneath the mucous membrane on the left side behind and slightly below the posterior pillar of the fauces. The patient said that that was the place the bone was. Whilst wondering how the foreign body could have got beneath the mucous membrane without any laceration being seen and thinking of the best way of removing it, it suddenly flashed across my mind that the stylo-hyoid ligament was sometimes ossified, and on carefully examining again I came to the conclusion that the substance I felt was an ossified ligament. I satisfied the patient that there was nothing in his throat and he went home quite contented.

I also failed to feel any ossification in the ligament of the opposite side. It would be interesting to know if the ligament on the left side is more frequently ossified than that on the right. Quain and MacAlister are both silent on this point in their works on anatomy.

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A METHOD OF MOUNTING MOSQUITOS IN
GLYCERINE.

REGARDING Dr. Rees's article in the *BRITISH MEDICAL JOURNAL* of June 18th, p. 1468, allow me to give my own experiences, without in the least detracting from his valuable advice. In place of killing aphides, mosquitos, etc., I have by coaxing allowed them to get entangled in a drop of glycerine, and with fine needles have put them into the most advantageous position. Chemistry will explain how glycerine menstruum exhibits the structure of these animals better than a menstruum such as balsam, which refuses absolutely to mix with aqueous media. Care and patience are required to prevent injury and air bubbles in mounting. Glycerine jelly may be used in place of the pure glycerine, made with gelatine water and glycerine. Death in the menstruum seems to make the appearance more natural.

Redhill.

JOHN REID, M.D.

A MILD CASE OF TETANUS: RECOVERY IN FOUR
DAYS.

A GIRL, aged 8 years, received a long scratch from a pin on the outside of the left arm an inch or two above the elbow. The wound became painful and finally ulcerated. Four weeks after she had received the scratch, I was called to see her. I found her seated in a chair, evidently in pain, holding her head down on the right side. *Risus sardonicus* was present. I diagnosed tetanus and dressed the small ulcer