Cooper, the same distinguished surgeon—"to make an incision down to the bone." I would rather press upon you the importance of the advice given by Mr. Colles in reference to this point, the exemplification of which will be found in the history of the node on the forehead in Mathews' case. "Some," says Mr. Colles, "have proposed the early opening of the tumor, and the evacuation of all the contained fluid. To this proposal I would object, that in some cases this particular practice is followed by painful suppuration, and by very copious discharges, and not unfrequently by caries and tedious exfoliation of the bone. It seems preferable in all cases to try the local and constitutional effects of mercury and iodine, and by means of these to endeavour to avert suppuration and ulceration. This rule should be most strictly adhered to in the case of nodes on the forehead, or on any exposed part of the body; for when a node has been of long standing we often find that a sort of chronic suppuration is established, the integuments become thin and sometimes red; at other times they are reduced to the utmost degree of thinness and yet may retain their natural color, so that the surgeon is actually tempted to give vent to the fluid by the puncture of a lancet. Yet if he will but resist the temptation which the very thin state of the skin offers to him to open it, and will still apply repeated blisters, he will have no reason to lament his forbearance; for as soon as the mercury or hydriodate of potass comes to act favorably on the system, he will perceive that the fluid begins to be absorbed, and that this process will finally be terminated by the adhesion of the skin to the surface of the bone (illustrated by Mathews). From the depressed position of the skin after adhesion has taken place, and the sunken unequal surface which the bone presents to the touch, we are convinced that an absorption of the bone has gone on to some depth" (Colles, p. 187).

In such cases, then, it might be well, if much distension be present, not to lay the abscess open with a lancet, but to puncture with a very fine trocar, such as you have seen me use in the hospital in several cases. This mode of practice will relieve the distension, and give time for other treatment to be brought to bear, at the same time the puncture will be so small that no air can possibly be admitted, the surface of the bone will not be exposed, and the risk of caries and exfoliation will certainly not be increased.

COMPOUND FRACTURE OF SKULL, WITH LOSS OF BRAIN.—RECOVERY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Since injuries of the head, attended with loss of brain, are not of frequent occurrence, perhaps the particulars of a case will not be found devoid of interest to many of your readers, should you think it deserving a place in your Journal. The case occurred in the practice of Mr. Ness, by whom, and myself, the case was regularly visited.

I am, Gentlemen,

Yours respectfully,

THOMAS A. ROBINSON, Surgeon.

Helmsley, near York,

April 7, 1843.

On December 13, 1842, the patient, a youth, about fourteen years of age, whilst riding quickly with the fox-hounds, was knocked from his horse by his head coming in contact with the branch of a tree; when raised from the ground he was found very much stunned from the shock, unable to speak, and was bleeding from his nose, mouth, and a wound at the side of his head. On being seen, about half an hour after the accident, he had recovered a little from the severe shock; would utter complaints on being moved; surface of his body rather cold; pulse 70, small, and feeble; the scalp on the right side of his head, near the juncture of the frontal with the parietal and temporal bones, was raised, forming a tumor, about two inches in diameter, in the centre of which was an aperture, but just large enough to admit a probe; from this opening had oozed, and still continued to ooze, much blood, with which, on the tumor being pressed, were mixed small masses of cerebral matter, portions of which were found also adhering to the lining of his cap; the right eyelid was much swollen, and the conjunctiva injected with blood. During the time occupied in cleansing the wound, and removing the hair from around it, he became very restless, could not be made to utter a complaint, his arm and leg of the left side moved convulsively, and twitchings of the muscles of his face occurred. He was immediately bled to about a pint, during which the convulsive movements ceased; vomiting now occurred, of much tarry-looking matter, and bleeding from the nose recurred.

He was conveyed to the house of a relative, distant about half a mile, after which, on being visited, he was found in a nearly insensible state; warmth of body much below natural; pulse 58, weak; the arm and side of his face of the left side paralysed; pupils but little sensible to the stimulus of the light of a candle, the right being contracted, the left dilated. Fearing the pressure on the brain arose from depressed bone, which an examination with a probe through the small opening failed to detect, the wound was enlarged about one inch and a half; it bled freely for some time, and caused the loss of more cerebral matter, which appeared to have been lodged beneath the scalp; further search discovered no depression, the whole of the cerebral matter which escaped amounted probably to about the size of small walnut. About ten hours after the accident, on visiting the patient, I found the natural warmth of body restored; pulse improved in frequency and strength; he could answer in monosyllables; the scalp around the wound was warmer than natural. Saturnine lotions were applied to the head, and three grains of calomel given every three hours, and cold water for drink; he passed a rather restless night. During the morning of the following day his bowels were freely evacuated (having had croton oil placed on his tongue). In the evening he became comatose; no answers could be elicited; the surface fell in temperature; respiration became slower, more noisy and catching, and deglutition of liquids very difficult; the right pupil was more contracted, the left more dilated than natural, both less sensible to light.

On the following day (the second after the accident) a general improvement in the symptoms occurred; the breath had acquired the mercurial fœtor; he com-

plained of urgent thirst. Ordered only two grains of calomel every four hours.

On the evening of the third day the patient became very restless; slightly delirious, with increased heat of head; the saliva flowed from his mouth, and the gums were visibly affected by the mercury. Ordered calomel to be omitted; a simple febrifuge mixture to be taken every three hours, and six leeches to the right temple. A state of quietude followed the application of the leeches; the seat and extent of the fracture could now be observed (the swelling having subsided); it appeared confined to the parietal bone, was of semilunar form, with its concavity directed to the temporal; rise and fall of the fractured portion distinctly observed on being pressed with the finger; the lacerated scalp was about half an inch above the convexity of the fracture.

During the following day he appeared better; asked and answered questions, till the evening, when he became restless, with a more frequent pulse, but which ceased on six leeches being reapplied; the wound of the scalp was now healed, there having been but little discharge from it.

On the following evening (of fifth day), after passing a favorable morning, he sunk gradually into a state of stupor, from which he could not be roused; pulse 72, very feeble; temperature of body much below the natural standard; left pupil became contracted, and differed but little from the right in sensibility. Ordered warmth to be applied externally. He now appeared to improve till the evening of the seventh day, when he became feverish, and afterwards very drowsy, which state had probably arisen from having taken some gruel allowed him by his friends in complying with his frequent solicitations for food, but was relieved by the reapplication of leeches; he had been previously allowed nothing but cold water for allaying his thirst, which was very urgent; I need scarcely add that regularity in his secretions had been carefully attended to. For some days following he appeared to progress favorably; has been very craving for animal food; he was allowed the lighter farinaceous preparations. On one visit he was found in a profound sleep, and on raising his eyelids the pupils of *both* eyes were found contracted to a point, though they still differed much from one another in the waking state.

On the thirteenth day he was found sitting in a chair, rational, and talkative. For the last few days he could perform voluntary movements with the previously paralysed arm, and now slight motion of the fingers can be perceived; countenance approaching more nearly the natural state; pupils nearly natural in appearance and sensibility; a peculiar resonance of the voice when the patient speaks is felt by the hand placed over the seat of fracture. On the following day he was conveyed home (about six miles distant), and received strict injunctions respecting his diet and attention to his secretions. He has been occasionally visited since, has had nothing to retard his recovery beyond a partial separation of the edges of the wound, which discharged a thin serous matter, and was followed by an excess of granulating matter, but which yielded to common treatment. He has now been for some time capable of following his usual occupations.

REMARKS.

It may be thought by some that the antiphlogistic treatment was here too rigidly enforced; but it may be remarked, that when we have the head the seat of serious injury, we cannot be too vigilant in noting the slightest changes in the symptoms. Our attention should be directed to the *prevention* of inflammatory action arising, rather than to its *removal* when established. With the former intention how effective are our remedies when judiciously used; with the latter, unfortunately, how frequently are they ineffective, even when directed with the greatest skill!

COMPOUND DISLOCATION OF ANKLE-JOINT.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I beg to transmit to you the accompanying case, which occurred in my colliery practice lately, for insertion in your Journal.

Your obedient servant,

HENRY FEATHERSTONHAUGH,

Surgeon to the Gateshead Dispensary, &c
Newcastle-on-Tyne, April 10, 1843.

On the 21st of February I was sent for to attend William Murray, aged twelve, a fine healthy boy, who had been injured whilst at work in Heaton Colliery, by the waggons passing over him.

Appearances and Symptoms.—He is in a state of collapse, but sensibility has returned. There is a complete compound dislocation of the right ankle-joint, exposing the articulating surface of the astragalus, and the whole of those of the tibia and fibula, the plantar aspect of the foot being turned inwards and upwards, to such an extent that if he were placed in a walking position, the articulating surfaces of the two last-named bones would rest on the ground. The tendons have escaped injury, and neither the internal nor the external malleolus is fractured. There is considerable tumefaction and ecchymosis of the face, neck, and eyes, with hæmorrhage from both ears; there is also a comminuted fracture of the right clavicle, and two or more fractured ribs, with emphysema on the same side, extensive lacerated wounds of the perineum and left leg, with other severe contusions of the body.

Treatment.—The foot was placed in its natural position without much difficulty, and a single suture passed through the centre of the wound, which was drawn close by means of adhesive plaster; the limb was then laid on its outer surface on a pillow, and linen cloths, wet with cold water, constantly applied; a flannel bandage was passed round the chest, a pad put into the axilla, the arm slung across the chest, and the other wounds dressed.

The ordinary means were resorted to until reaction was established. An anodyne was then administered, to be followed by an aperient in the morning.

22. Is sensible; has had a very restless night; pulse 100; complains of pain in head, chest, and foot; intense thirst; slight hæmorrhage from ears; the eyes are surrounded by black rings of ecchymosis, and the lids, face, and neck, are much swollen and ecchymosed; bowels have been gently moved; has