CASE OF COMMUNUTED FRACTURE OF THE SKULL; LOSS OF A PORTION OF BRAIN: RECOVERY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I send you the following case for insertion in your Journal, its chief interest I conceive consists in the recovery after a very large portion of brain had been lost.

I am, Sir,

Yours faithfully,

THOMAS BANCKS, M.R.C.S.

Stourbridge, Nov. 18, 1846.

Daniel Cardoe, a boy, aged 15, on the 11th of June last, while engaged in a pit-shaft, had his skull dreadfully fractured by a brick falling upon his head, upwards of forty yards. I did not see him until twenty-one hours had elapsed from the time of the accident, and the surgeon in attendance up to that time, considering the case hopeless, had not thought it advisable to operate. I found him in a perfect state of insensibility; pulse very slow, and weak; breathing stertorous; pupils dilated, and insensible to light. Suspecting from the account I received that the only chance lay in trephining, I went prepared. On dividing the scalp I found an extensive comminuted fracture of the left parietal bone, large portions of which were driven deep into the substance of the brain, much of which, mixed with blood, was oozing from the wound. I immediately proceeded to remove the depressed portions of bone, and as much as a table-spoonful of brain (which had been broken up by the fragments of bone,) escaped. One spicula of bone was driven lengthways into the brain to a great depth, even below the level of the brain, and was only discovered by a sharp point after I considered all had been removed. A strap of plaster brought together the flaps, and the whole was covered with lint dipped in cold water. He was put to bed apparently little changed since the operation, if anything perhaps less power in the pulse. After remaining an hour I left, with directions to administer five grains of calomel if he rallied.

At 9 p.m. there was a little more power in the pulse, and the calomel was placed on the tongue, and directions left to give him cold water only.

12th. Much as yesterday; perfect insensibility; stertorous breathing; pupils dilated; pulse rather inclined to get up. Ordered spirit lotion to the head, which was directed to be shaved all over; before only sufficient hair had been taken off to make room for the operation. Tea, and milk-and-water.

13th. Pulse getting up, more full and strong. Ordered leeches to the temples, spirit lotion, and two grains of calomel every six hours.

14th. Inflammation of the brain and its membranes has evidently set in; he is very furious, constantly tossing about, and requiring several people to hold him; pupils still dilated. Ordered to lose twelve ounces of blood. Continue spirit lotion and calomel; with tea, &c.

15th. Repeat leeches, as inflammation continues as yesterday, but scarcely so much power in his pulse; the fæces pass off involuntarily; portions of brain

escape in a half sloughy state; external wound has an unhealthy appearance. Continue the calomel, and spirit lotion to the head.

16th. Much as yesterday. Continue the same treatment.

17th. His pulse to-day is better, but no sign of returning consciousness.

From this date up to the 30th, he varied, but it would be tedious to give the treatment pursued each day; suffice it to say, that from the first dawning of returning consciousness which took place on that day, he progressed most favourably; the symptoms of inflammation of the brain gradually subsided; healthy granulations sprang up; exfoliation of small portions of bone took place, and in six weeks he left his room. He is now in excellent health, with all his faculties as perfect as before the accident; his friends discover no change in him, with the exception of his having gained flesh.

CONGENITAL OCCLUSION OF THE ILEUM.

By C. B. ROSE, Esq., F.R.C.S., &c., Swaffham.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

As in the course of my reading, I do not remember to have met with a case of almost complete congenital occlusion of the ileum, it is probably of rare occurrence; I therefore send you the history of such an instance, which recently occurred in my practice.

Mrs. A. was delivered of a fine male child on the 21st of September. On the second day after the birth, I was informed that nothing had passed from the infant's bowels. I examined the anus and found it open and perfect, and I prescribed a dose of castor oil. On the following day, nothing having passed, I explored the rectum with my little finger, which I readily inserted to its entire length; meeting with no obstruction, I then passed a caoutchouc female catheter, and with a syringe, endeavoured to throw up water, but it all returned as fast as thrown in. I repeated these attempts day after day, in consequence of both mother and nurse having informed me that flatus had frequently been expelled per anum. The babe for seven days sucked heartily, except at times, when it appeared to suffer pain. It almost daily threw up the food it ingurgitated; but two days, in the middle period of its life, it retained all it swallowed. It passed urine plentifully during the period of its existence, which was protracted to eleven days.

In my absence my son made a *post-mortem* examination, and furnished me with the following account:—

The body was considerably, but not excessively, emaciated; the abdomen enormously distended, and the integuments green; putrefaction had not commenced in other parts. The inspection took place about twenty hours after the death. The head and chest were not examined.—*Abdomen*: There was no extravasation into the peritoneal cavity; nor were there any appearances of peritonitis; the liver was of normal size, and of a very dark slate colour; the pancreas and spleen were healthy; the stomach was very much distended, and contained a considerable quantity of a light-yellow fluid, smelling sour, and of the consistence