

learn, and that we are far from understanding it so thoroughly as many physicians believe.

*Note.* In Hufeland's Journal a case is communicated by J. F. Muller, on the successful application of tartarized antimony in the treatment of mania. Subject a lady, aged 45, previously healthy. The medicine given largely in aqueous solution, mingled with tea. Third dose induced vomiting of blackish-green matter, with marked relief; afterwards acted only on the bowels: cure rapid and permanent.

Dr. Rayer in a memoir on delirium tremens, proposes to substitute for the present name that of *ænomania*, as more proper to characterize the species of mania resulting from abuse of strong liquors. *Bulletins of the Faculty of Medicine of Paris* 1819, No. VI.

In No. X. Dr. Rayer has published a case of delirium tremens successfully treated by opium.—Ed.

*Case of very serious injury of the Cranium and Brain.* By J. THURSTON, M.D.

[Communicated for the New England Journal of Medicine and Surgery.]

AUGUST 14, 1819. I was sent for to visit a boy at Rye, about eight miles distant. He had the evening before fallen from a frame about fourteen feet high, upon a rock in the cellar, over which it was erected. I was informed by the medical gentleman, who was called at the time, that he had bled profusely, and that a portion of the cerebral substance had escaped. He had covered the injured part with lint, but declined any farther interference. The boy had lain comatose, but could be roused. The pulse was labouring and intermittent. On removing the dressings, the integuments over the left frontal bone were found very much swollen, forming a tumour, that extended over and closed the left eye. There were to be seen three small punctures about an inch distant from each other, the lowest of which was at the inferior part of the frontal bone, a little above where it contributes to the formation of the frontal sinus. There was an oozing of disorganized brain through the superior puncture. On examination by the probe, through the punctures, it was ascertained that portions of the cranium were driven in upon the brain, and the probe could be passed freely between some of the fractured portions. Not having with me the proper instruments for the operation, it was necessary that I should return home. I

visited him again in the afternoon, and proceeded to the operation, by making two incisions through the scalp, forming the letter V, the apex of which was at the inferior part of the frontal bone, and diverging so as to include the punctures, and extending from each other about two inches. This flap was then dissected from the cranium, and exposed an extent of injury hardly to have been expected from the examination, or from the condition of the boy. Two portions of the cranium: of about an inch and a half in length were forced in upon the brain. It was necessary to remove two small angles of the cranium, in order to disengage them, which being done by means of Hey's saw, they were taken away with ease. The dura mater was found lacerated about half an inch in extent; the surface of the brain beneath appeared like a disorganized mass. On farther examination, a large depressed portion of cranium was discovered on the sagittal side of the opening, which was elevated; and another and smaller portion on the opposite side, near the lower angle, which was evidently fractured on all sides. But the attachments of the last portion were so considerable, and the opening already made so large, as to prevail over the apparent necessity for its removal. It was therefore elevated, and suffered to remain. The scalp was very much engorged with blood, and the edges of the wound could not be brought together. It was cleansed and dressed with dry lint, and the boy was put to bed, and soon fell asleep. The loss of blood during the operation was very considerable. The pulse became regular immediately after the operation. A cathartic was directed, and advice for such contingencies as might be expected, under the control of the gentleman who first saw him.

Aug. 22. Found him this morning with an intermitting pulse. Was informed that he lay most of the time drowsy, but very irritable when roused. The bowels had been moved once since the operation. There was but little discharge from the wound, and that thin, appearing like serum. The lacerated edges of the dura mater were sloughing. The integuments were much swollen, especially over the left eye, attended with considerable pain, and purulent discharge from the eye. The wound was dressed with lint, the edges being drawn together as nearly as possible with strips of adhesive plaster. A poultice was applied over the left eye, and a cathartic directed.

24. The pulse is still intermitting. There is an abundant discharge of purulent matter and the black portions of the dura mater, which had sloughed, were removed, and a small tumour appeared of about the size of a nutmeg. The swelling over the

forehead and eye had increased very considerably. The wound was dressed with lint, &c. as before.

27. The pulse still intermitting. On removing the dressings a tumour was observed protruding from the wound of about two-thirds the size of a hen's egg; its color was dark, being covered with coagulated blood. The discharge was profuse and extremely fetid; and the portion of bone, which had been elevated near the lower angle of the wound, had separated, and was embedded in the matter. Strong pulsations were visible in the tumour; synchronous with those in the wrist. The tumour over the eye had increased, and a large abscess formed, which was opened. The wound was dressed as usual and a cathartic directed. The boy had been for the two preceding nights restless and wandering.

29. The tumor did not appear to have increased much since I last saw him. It was somewhat flattened by the bandage. The discharge was profuse and extremely fetid. The pulse was regular, and the boy less irritable. On removing the bandage, he said, he felt as though the top of the head was coming off. The wound was covered with lint; and, on applying the bandage, which was done with a particular view to its pressure on the tumor, he cried out, "tighter, tighter." Directions were given to renew the application of the bandage daily, till I should hear from him.

Sept. 5. The tumor is nearly on a level with the external wound. Granulations are shooting up, and the whole appearance of the wound is healthy.

9. The wound is rapidly contracting its dimensions, and appears healthy. Some symptoms of irritation have appeared, owing probably to the lodgment of a quantity of pus under the cranium. By a slight degree of pressure with the probe it was discharged.

13. The tumor has entirely subsided, and a healthy granulating surface is all that is visible.

Nov. 20: The wound is healed over perfectly. But the brain has very little protection even from the common integuments. Pulsations are distinctly visible through its present covering. The lower edge of the flap was united while the upper edge was prevented from approximating its opposite by the tumor.

I regret very much, that it is not in my power to make a more particular report of this very interesting case. But the distance of the patient from me, precluded the possibility of my seeing him often, and marking its progress, as I would gladly have done. What I now send you is merely a transcript of a few notes made

to assist my own recollection, without any view to publication. Such as it is, it may have some little weight in forming an opinion, as to the proper mode of practice in cases, which, to this time, admit of great doubt.

Portsmouth, N.H.

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*Case of Paracentesis Thoracis.* By Dr. LEMUEL W. BRIGGS.

[Communicated in a Letter to the Editors of the New England Journal of Medicine, &c.]

**A**FTER reading in the last number (page 149, Vol. IX.) of the New England Journal of Medicine and Surgery, a very interesting case of abscess in the lungs, cured by paracentesis thoracis, it brought to my recollection a somewhat similar case which fell under my observation; and although it did not terminate favourably, yet, if you should deem it worthy a place, you are at liberty to make it public through that work.

Jan. 26th, 1817. I was called to visit a child of J. S. aged three years, of very slender constitution. The child had been sick a few days with the usual symptoms of pneumonia, viz. quick pulse, hurried respiration, cough, &c. After a few days, an erysipelatous eruption made its appearance on the whole surface of its body, which went off with a desquamation of the cuticle. The medicines made use of were calomel in small doses, together with antimonials, &c. The child appeared to be convalescent; the disagreeable symptoms, except some cough, having abated, with a return of appetite. In the course of ten days from this, I was called again. I found a recurrence of all the former symptoms, except the erysipelas, rather aggravated. Complains of the left side yet, and inclines to lie wholly on it. Countenance yellow, body emaciated, swelling of the extremities and abdomen. Complains of the cold, and has flushes in the cheeks in the afternoon. In addition to the above symptoms, she complains upon every attempt to move her, and her left side seems to be rather distorted when she stands erect on her feet.

March 12. I called Dr. Holmes in consultation. Upon examination, we found a fulness of the affected side, soft, elastic, and apparently a protrusion of something between the ribs.

13th. The protrusion was increased; we could now discover a fluctuation. Child's breathing continues very bad. She can only lie on the affected side.

14th. Not knowing whether it was an encysted tumor or empyema, yet knowing what would be the result if left to itself, having got the consent of the parents, we determined to open it,