COMPOUND FRACTURE OF SKULL—COMPRESSION OF BRAIN BY CLOT BETWEEN THE SKULL AND DURA MATER—RECOVERY.

UNDER THE CARE OF T. PRIDGIN TEALE, M.A. OXON., F.R.C.S.

T. S., aged 28, a groom, was kicked on the head by a recently shod tram-horse, on the morning of October 17th, 1879, and was at once admitted into the Leeds Infirmary.

Condition on admission, at 10.30 A.M. There was a wound about two inches in length, situated three inches behind the right frontal eminence, and just in front of a line drawn from ear to ear. The skull was fractured, and a large piece of bone was depressed, and there was free hæmorrhage from within the skull. Pulse 55. Respiration 12. Patient comatose.

Having enlarged the wound, Mr. Brown, the house surgeon, removed the depressed portion of bone. Immediately after the bone had been raised, the patient opened his eyes and felt greatly relieved.

At 11.30 the pulse was 88, and there was free bleeding from the wound.

Oct. 18th. Day after the accident. There is a loss of motor power in the left arm, gradually increasing, but without loss of sensation. Left leg natural. Patient conscious.

Oct. 20th. Patient's symptoms worse. Inability to answer questions. Left hemiplegia complete. Temperature at 4 P.M. 104°·3. Pulse 60. Incontinence of urine. A large clot in the wound. He was seen by Mr. Pridgin Teale at 11 P.M. He was then unconscious. Mr. Teale, believing that his symptoms were due to compression of the brain by a large, firm clot occupying the site of the removed bone and extending beneath the skull for some way, but external to the dura mater, broke up with the finger the clot, but did not remove it as it was firmly adherent to surrounding structures. In six hours the patient's temperature became normal, and he was more conscious.

Oct. 21st. More indications of returning consciousness.

Oct. 22nd. Answers questions. Has regained power over the bladder. Is still hemiplegic.

Oct. 25th. Hemiplegia disappearing.

Nov. 10th. Hemiplegia quite gone.

Henceforth he made good progress, and was discharged apparently sound, Feb. 8th, 1879, and is now, Sept. 1880, well and following his employment as a groom.

This case is interesting. First, as showing the direct results of compression by depressed bone, immediately relieved by removal of the compressing causes. Secondly, in the gradual development in detail of symptoms of unilateral pressure by blood external to the dura mater, and not in an absolutely confined space, the pressure being due to the "setting" of the clot into a stiff mass. Thirdly, in the immediate commencement of retrocession of the symptoms, as soon as the cohesion of the clot had been broken up. (Mr. Teale did not think it well to scrape away with instruments the firmly adherent clot, lest the hæmorrhage should be reproduced.)

The order in which the symptoms improved is well shown. 1st. The fall in temperature. 2nd. Return of consciousness so as to understand what was said to him. 3rd. Ability to answer questions, and recovery of power of micturition. 4th. Slow recovery of power of leg and foot. The first symptom of the onset of the second period of compression was loss of motor power in the left arm.