

widened. In the meantime the bone was assuming a reddish appearance instead of white, as previously to grafting, and by the end of June 17th the whole bone was covered with the growth from the grafts. Strange to say, whilst the grafts were spreading their surfaces were granulating and getting thicker from the centres to the circumferences, and at the same time were secreting a whitish substance, which by the end of the 29th of the same month was seen to consist of distinct scales of bone, more marked at the spots where the grafts were originally planted, till almost all the surfaces were covered with such thin scales. As cicatrisation went on these scales were raised from their bed and removed by the attendant. The last two bits were removed by me, as they were pretty adherent at their centres to the granulations. I had no great difficulty in doing so, for their edges were already detached. In looking at the bony scales the surface next to the granulations was irregular, whilst the other was quite smooth. In holding them to the light they were almost transparent. My conclusion from the experience which I have now related is that caries may be readily prevented in cases where, owing to the extent of the injury to the cranium, it would seem inevitable, or, at least, may be cured with the greatest difficulty by the application of the pericranium of a chicken, such as I have here described, or other suitable animal.

Port Louis, Mauritius.

FRACTURE OF THE HYOID BONE; ACUTE BULBAR PARALYSIS; RECOVERY.

BY HENRY KAY RAMSDEN, M.B., CH.B. VICT,
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THE following unique case I deem worthy of record in the columns of THE LANCET.

In 1886 a man fifty years of age, while engaged in unloading a waggon, fell a distance of four yards on his head. He was feverish and delirious for the next fourteen days. He could speak with difficulty, but was unintelligible, and was unable to swallow solid food, and liquids only with difficulty. Saliva dribbled constantly from the angles of his mouth. On examining his neck I found the hyoid bone fractured in two places—at the junction of the body and greater cornua on each side. Later it was observed that the right half of the tongue had atrophied. The tongue was protruded to the right when the patient showed it. The lips, also, were slightly wasted; the dribbling of saliva required the constant use of a handkerchief. The speech was nasal, inarticulate, and unintelligible. In attempting to swallow liquids they frequently regurgitated through the nose. The treatment adopted was the wearing of stiff collars, attention to the general health, and the administration of tonics, notably iron and strychnine. The tongue gradually increased in bulk, and speech and swallowing slowly improved, so that solid food could be taken. At the present time, though speech is impaired, the patient can be easily understood. The dribbling of saliva has disappeared; he can blow and whistle, and with the exception of occasional pain in the neck is well. The fractures united by fibrous union. This case is very interesting; there is no similar case on record. Fracture of the hyoid bone is rare, especially from indirect violence, for the patient fell on his head with the neck forcibly flexed, causing such muscular action as to break the bone. The double fracture of the bone is worthy of note. The question of diagnosis affords some points of interest, and rests between—(1) acute bulbar paralysis, (2) injury of the hypoglossal nerve at the seat of fracture, (3) hæmorrhage into the vagus centre, and (4) labio-glosso-laryngeal paralysis. Labio-glosso-laryngeal paralysis is always fatal, and is progressive in its course. Hæmorrhage into the vagus centre would account for the difficulty of speech and swallowing, but would not account for the atrophy. Besides, there was no vomiting or any other symptom pointing to the vagus. The difficulty of swallowing and altered speech would not have been so extreme in unilateral lesion of the hypoglossal nerve, though the complication of the fractured hyoid bone would increase these symptoms and would be great. The extreme symptoms are in favour of acute bulbar paralysis. There were no epileptiform convulsions, and the arms and legs were not affected. These symptoms are by no means always present in acute bulbar

paralysis. Impaired recovery of speech and swallowing may be assigned to the fibrous union of the bone, which would interfere with the movements of the tongue; but impaired recovery is common in acute bulbar paralysis. The actual lesion in the medulla oblongata was embolism or hæmorrhage, since the symptoms came on so quickly, most probably hæmorrhage occurring at the time of the accident.

Hauteville, Guernsey.

BACKWARD DISLOCATION OF THE WRIST.

BY H. HOLLIS, M.B., B.C. CANTAB.

A BOY fourteen years of age came to the General Infirmary, Northampton, complaining that he could not use his right wrist. Half an hour previously he had fallen backwards from a ladder about twenty feet on to some sand. His hand was partly flexed at the wrist and displaced slightly to the radial side; the fingers were also flexed and, including the thumb, could not be perfectly extended. There was no pain. On the posterior surface the upper end of the carpus with its convexity upwards and to the right was easily felt, the scaphoid lying higher than the other bones. Anteriorly there was a decided depression below the end of the radius, becoming less marked towards the ulnar side. The styloid processes were very easily felt below the skin. The dislocation was reduced by traction on the hand, but needed considerable force. Afterwards the boy could move the fingers and hand perfectly. There was some swelling of the wrist for a few days, but in a week the splint was removed and he resumed his occupation. Northampton.

GENERAL EMPHYSEMA IN A CASE OF CAPILLARY BRONCHITIS.

BY J. R. GIBSON, M.D., D.P.H. GLASG.,
MEMBER OF THE GENERAL COUNCIL OF THE GLASGOW UNIVERSITY.

I THINK that general emphysema occurring in a case of capillary bronchitis is sufficiently rare for the following case to be briefly recorded.

A few weeks ago I was called to see a child aged three years and a half, who at my first visit had been unwell for three days and during that time had a violent cough. The temperature was 103° F., and there was great distress in breathing. There were fine râles all over the chest, and the cough was hard and frequent. The child's strength was fairly good. At this visit capillary bronchitis was diagnosed. On the second visit (the next day) there was fulness over the front of the neck, which on pressure gave the characteristic crackle of emphysema. This fulness rapidly spread to the back, chest, face, and eyelids. The child ultimately made a good recovery. The coughing had evidently caused compression of the air in the alveoli, and some of the vesicles had ruptured, the air then passing to the root of the lung, along the connective tissue, and from there up along the trachea and out to the subcutaneous tissue of the neck, from where it had spread to the regions mentioned.

Paisley.

ELECTION OF GUARDIANS AT KINGSTON-ON-THAMES.—Dr. W. E. St. Lawrence Finny, in offering himself as a candidate at the forthcoming election in the borough of Kingston-on-Thames for the board of guardians, lays particular emphasis on the following points in his programme. They should appeal to all sympathisers with the poor, irrespective of political parties. 1. That the infirmary shall be under the direct control of the medical officer, who should be if possible a resident, and directly responsible to the board only. 2. That urgent cases presenting themselves at the infirmary should, if considered advisable by the medical officer, be admitted at once without application to the relieving officer and without pauperising the whole family. 3. That nursing by paupers shall be abolished. 4. That one or more hospital trained nurses shall be on duty night and day. The proper treatment and nursing of the sick poor undoubtedly form a considerable portion of the duties of the board of guardians, and the presence of medical men on the board would materially assist in this work.