AMERICAN INTELLIGENCE.

DOMESTIC SUMMARY.

Trephining for Epilepsy and Insanity.—Dr. D. BRAINARD gives (*Chicago Med. Journ.*, Oct., 1859) brief notices of six cases in which he trephined for epilepsy and insanity. Though these were not related with sufficient details to be satisfactory, they are sufficiently interesting to be quoted:—

“This operation was performed on a man, thirty years of age, affected with epilepsy and some mental derangement for about four months. The point chosen was the left side of the occiput below the protuberance, the seat of a tumour which had existed for many years, and caused an absorption of the bone and a roughening of its surface. The two tables at the point of the operation were found consolidated and of an ivory hardness, and the skull of but half its natural thickness. The dura mater was vascular and adherent to the pia mater. The patient, who had been under the advice of Dr. Chambers, of Charleston, Coles County, Ill., returned home three weeks after the operation, very quiet, and much improved in his health. If kept from the exciting causes of insanity, there can be little doubt of his entire recovery.

“We have notes of five other cases in which this operation was performed for epilepsy, accompanied by more or less alteration of the mental faculties.

“The first of these was that of a young man, John Ladrigan, cut upon the head at two points by an axe in the forests of Wisconsin. One wound extended from the median line, at the junction of the coronal and sagittal sutures, to the left side three inches. The edge of the axe penetrated the substance of the brain deeply, portions of which escaped. The other cut, also on the left side, followed the line of junction of the parietal and occipital bones, and was as deep and as long as the other. At each a large piece of bone was partially separated, one edge passing upon the brain, and the other rising above the surface of the cranium.

“This man stated that he had been left as in a hopeless condition by the physicians who were called to see him, but recovered with the wounds in the condition we have mentioned, the right superior and inferior members being affected with paralysis and contraction. He was also subject to very frequent and severe paroxysms of epilepsy, which occurred sometimes daily.

“This man was operated on before the class of Rush Medical College.

“The whole of the displaced fragment of bone at the seat of the anterior wound was removed by three applications of the crown of the trephine. He recovered perfectly; had but one slight epileptic paroxysm afterwards, and gradually recovered considerable use of the members. No operation was performed on the posterior wound.

“The second case was that of a young man from Kendall County, Illinois. He received a blow above the ear, which fractured and depressed the skull without dividing the scalp. No operation was performed at the time, and he recovered, as was supposed. Six months afterwards he was seized with an epileptic fit. Three months afterwards another occurred, and then one every month. One year after the injury, we removed the depressed portion with the trephine. He recovered, and the epileptic paroxysms recurred at lengthening intervals, until, at the last notice, six months had elapsed without a return.

“The third case was that of a young man, kicked by a horse above the ear, fracture and depression being produced. Concussion and insensibility were the immediate results; after recovering from which, he remained insane, or nearly so. About four weeks after the injury, he was admitted into the wards of the so-called Mercy Hospital, where I used the trephine. Removing the depressed portions of bone gave immediate relief.

“The fourth case was a man of fifty years, who, eleven years previously, had a fracture with depression in the temporal region. This gave rise for several years to no perceptible inconvenience. At length he began to be affected with giddiness and loss of consciousness, which, by degrees, became more frequent, until the severer forms of epilepsy were developed. The mind was also affected by dementia to a degree which disqualified him for business. Removing the

depressed pieces of bone gave great relief, and one year after the operation he was steadily improving.

"The fifth case was not so favourable. A lad, about sixteen years old, came for advice in regard to severe epileptic attacks which had continued for several years. His friends stated that when an infant he had received a blow on the left superior part of the os frontis. On examining this part of the head, a depression was perceived, which, however, was soft and easily compressible. Although no bony surface could be felt at this point, yet the statement of friends of the patient that the blow had produced a depression, induced me to apply the trephine upon its margin. It was found, however, that the bone at that point was entirely absorbed; that surrounding it was in a condition of hypertrophy, very spongy and vascular, and three times its natural thickness. The soft parts presented this appearance in the point where the bone was deficient of venous erectile tissue.

"In this case no benefit appeared to result from the operation.

"From the four preceding, the inference is, I think, deducible, that leaving depressed pieces of cranium when there is neither wound of the scalp nor symptoms of compression of the brain, as is advised by most surgical writers, is attended by dangers not usually suspected, and that it is better, in all such cases, to raise up the depressed portions at once."

Vesico-Vaginal Fistula of Four Weeks' Standing.—Dr. E. P. SMITH, one of the Attending Surgeons of the Buffalo Hospital of the Sisters of Charity, records (*New York Monthly Review of Med. and Surg. Science*, August, 1859) the following case of vesico-vaginal fistula, successfully operated on by Dr. Sims' method:—

"Mrs. C., æt. 40, twice married, and has had ten children. With her last, was in labour forty-eight hours, brow presentation; head arrested and impacted. Ineffectual means were resorted to to change the position of the head; and perforation and extraction were had recourse to as a last resort. The delivery was effected March 12, 1859. Slight symptoms of hysteritis supervened, but yielded promptly to the usual remedies. Retention of urine existed for nearly a week, and the catheter was used daily. About ten days subsequent to the delivery of the fetus, a detached slough of considerable size appeared, protruding through the vulva, and on being removed, was followed by a continuous flowing of urine, from the vagina. She entered the Buffalo Hospital of the Sisters of Charity, about the 1st of April, as a private patient. On making an examination, a vesico-vaginal fistula was at once detected, of about one inch in diameter, occupying the *bas fond* of the bladder, and situated about three and one-half inches from the vulva. The patient's general health is tolerably good, although she suffers greatly from the exoriated condition of the thighs and nates; she has also a large external hemorrhoid. On April 21, 1859, I performed the operation so ably described by Dr. Marion Sims, in the *American Journal of Medical Sciences* for the month of January, 1852. The operation was somewhat tedious, and some slight trouble was experienced from the twisting of the silver wire used with the clamps, owing to its not being properly annealed. Three sutures were used, and the lead clamps were nearly two inches in length. The hemorrhage was trifling, and the patient complained but little during the operation. The self-sustaining catheter of Dr. Sims was then introduced, and the patient placed in bed.

"May 1st, I removed the clamps from the vagina, but continued the use of the catheter. During the ten days that have elapsed since the operation, she has been very comfortable, and, beyond a tympanitic condition of the bowels, which was relieved by injections, she has had no untoward symptoms whatever. About one week subsequent to the removal of the clamps, she left the hospital entirely well, being able to retain her urine as well as ever.

"June 25, 1859. She is now living with her husband, in the enjoyment of perfect health. In closing the report of this case, I cannot speak too highly of the instruments employed by Dr. Sims in this operation, than which nothing can be more simple and effectual; also of the position of the patient, and the use of the wide-guttered speculum, rendering an operation before so difficult of performance, one of the most easily executed in surgery."