CASE II. *Sub-arachnoid Hemorrhage in a compound depressed fracture of the skull.*

The patient was kicked by a horse, and was unconscious for about ten minutes. When seen three hours later he was conscious but had difficulty in speaking. The tongue turned to the left side when protruded. There was a compound depressed fracture on the right side of the skull two and one-half inches above the ear, running up and backwards for two and one-fourth inches. The depression was an inch wide and three-fourths of an inch deep.

I trephined, and removed the depressed fragments of the skull. The dura mater appeared white and uninjured, but it bulged into the wound and did not pulsate. Distinct fluctuation showed the presence of fluid beneath. The dura was incised and a quantity of liquid blood was found in the arachnoid space. Blood continued to pour out and was only controlled by packing gauze deep in between the convolutions of the brain.

The patient made a prompt recovery. He had, during convalescence, paresis of movements of the upper lip especially noticeable in talking, and the tongue protruded to the left side for several weeks. The injury was over the lower part of the fissure of Rolando.

ACQUIRED PREDISPOSITION TO IODOFORM POISONING.

BY FRANCIS E. PARK, M.D., STONEHAM, MASS.

ON July 6, 1892, Mr. E. F. was brought to my office with a badly mangled foot, the result of a mowing-machine accident. The wound was very extensive. After tying the necessary vessels and disinfecting thoroughly with peroxide of hydrogen, I bandaged the foot, using iodoform gauze for a dressing. The case went on very well until the first of August, when I went off on my vacation, leaving him in the care of a friend. On my return in September, I was summoned to see him, and found the following condition of affairs: the wound had almost healed over; the foot was swollen to about twice the natural size; the skin was very red and covered with numerous vesicles filled with serum; there was intense burning and itching; the face was flushed; and there was a slight rise of temperature together with a rapid pulse. The history was that a week previous the skin had begun to turn red and little "water-blisters" to form, and that the case had grown steadily worse. The diagnosis was plain, and the gauze was removed. In a few days under no further treatment, the whole disturbance had subsided.

December 30, 1892, same individual presented himself with a clean axe-cut two inches long, just above the patella. This was washed out with peroxide of hydrogen, and two aseptic cat-gut ligatures brought the parts in apposition, while a strip of absorbent cotton plastered down with iodoform collodion, served to cover-in the same. A posterior splint was then applied, and the whole bandaged. On the evening of January 2d, I was sent for, and found the whole knee greatly enlarged, the skin red and covered with vesicles. He complained of great itching and burning over the affected part. The wound had united by first intention and was looking nicely. Here there was a question whether, in chopping, he had infected his axe with rhus poison; but the healthy appearance of the wound, and the marked resemblance of the symptoms

to those of his former attack, led me at once to suspect the iodoform and remove it, taking out the stitches at the same time. As I was desirous of making an absolute diagnosis, no treatment was applied. In two days, the swelling was gone and the dermatitis was rapidly improving, proving conclusively, to my mind, that the irritation was caused by the iodoform dressing.

To summarize, we have a large wound treated continuously for a period of about six weeks with iodoform, acute and violent irritation supervening from use of, and disappearing on removal of, the same, and a complete cure resulting. After a lapse of three and a half months, a small amount of iodoform is applied to a small wound in the same individual and at once an acute and violent irritation is set up that resembles the other in every particular and rapidly subsides on the removal of the irritant.

Reports of Societies.

SURGICAL SECTION OF THE SUFFOLK DISTRICT SOCIETY.

C. L. SCUDDER, M.D., SECRETARY.

REGULAR Meeting, December 7, 1891, the President Dr. A. POST, in the chair.

DR. J. W. ELLIOT reported

TWO CASES OF INTRA-CRANIAL HÆMORRHAGE.¹

DR. PUTNAM: The subject is a very important one, and it is certainly true that the most satisfactory of the operations done at the hospital have been in this class of cases. It seems a strange provision of nature that so important a vessel should be left so unguarded on the side of the head, so slight an injury being sufficient to cause rupture on account of the elasticity of the bone and its thinness and the stretching of the vessel. It seems to me it is an interesting suggestion that this is so because our heads have grown so rapidly away from the animal type. In the lower animals, which are exposed to violence more than we are, that portion of the skull where the middle meningeal artery runs is protected by a very thick temporal ridge and a much thicker muscle than we possess.

As regards the diagnosis, it seems to me it is a matter of a good deal of interest, as Dr. Elliot has said, and a matter of a good deal of difficulty. I should suppose there is no question that the essential thing in determining the diagnosis is unconsciousness, and coma coming on in an interval of consciousness or relative consciousness which may have been preceded by unconsciousness, due to the violence of the original injury. Many cases are mixed, I think; at any rate the diagnosis in the first stage is a matter of a great deal of difficulty. I was recently called to see a lady, now in the hospital, who was in a carriage struck by an electric car. She received probably a blow on the head due to the head being thrown against the side of the carriage. There was no scalp wound or injury to the head at any particular point. She was unconscious a few moments, and immediately found to have hemiplegia. When I saw her she was practically entirely conscious with some jerking of the limbs on the affected side. The probable injury seemed to be a meningeal hæmorrhage or superficial contusion; but as the case went on, it became apparent that it was a rupture of a

¹ See page 137 of the Journal.