COMPOUND DEPRESSED FRACTURE OF THE SKULL:

LOSS OF CEREBRAL SUBSTANCE; NON-INTERFERENCE;
RECOVERY.

By C. E. HUMPHREYS, M.R.C.S., L.S.A. LOND.

THOMAS J—, ten years of age, the son of a farmer, was kicked in his head by a pony on September 19th, 1884. On examination there was found a laceration of the scalp immediately behind the right parietal eminence, which exposed a depressed fracture of the skull. The depression consisted of several fragments of bone firmly locked together, forming what has been described as a "pond-shaped" depression. Its shape was more or less circular, and measured nearly two inches across, the depth at the centre being from a third to half an inch. From the wound about a teaspoonful of brain-substance escaped. When first seen the patient was insensible and could not be roused, but betrayed considerable uneasiness on examination of the wound. He lay in an attitude of general flexion; was pale and cold; respiration slow and inclined to be stertorous; pulse soft, slow (68); pupils normal and responding to light. The patient had vomited freely. There was no evidence of paralysis corresponding to the seat of injury, and the action of the sphincters was unimpaired. In the absence of definite and urgent symptoms of compression, the depression was not interfered with. The head was shaved, the wound covered with a cold water dressing, and cold ordered to be applied constantly. An aperient was given, and calomel administered in small and frequent doses.

Sept. 20th.—The patient was seen this morning in consultation with my colleague, Dr. Maurice Thomas, who agreed with me that the condition of the patient did not justify operative interference. Temperature 98°6'; pulse 70. The boy at times shows a slight degree of consciousness, and partakes of nourishment when applied to his lips.

22nd.—Temperature normal. Cold still continued, also the calomel.

23rd (evening).—Temperature 101°5'. Patient very restless; no twitching observed. There is a slight discharge of pus from the scalp wound. Bromide ordered.

24th (morning).—Temperature normal; pulse 70. Patient attempts to get out of bed to empty the bladder and rectum.

25th.—Patient found sitting up in bed amusing himself with pictures, &c. Says he feels quite well. Appears to have no recollection of the accident. Temperature normal.

27th.—Temperature 98°6'; pulse normal (88). The effects of the accident seem to have quite left him. He appears happy and cheerful, and wishes to get up. The scalp wound has healed by granulation.

Feb. 19th, 1885 (five months after the accident).—The lad's parents tell me that he has enjoyed excellent health, and has not suffered from the injury in any way, either physically or mentally. He goes to school every day, and he is reported to be as bright and intelligent as he was before the accident occurred. There is a large depression on the right side of the head equal to the bowl of a dessert-spoon.

Remarks.—The interest of this case lies in the rapid recovery, without meningitis or intracranial suppuration, after an injury so extensive to the brain and its membranes; and in the insignificance of the symptoms compared with the extent of the lesion, the temperature being normal throughout, except on one occasion, when the elevation to 101°5' was probably due to a few drops of pus pent up in the scalp wound. The symptoms were neither those of simple concussion nor of actual compression; there was the attitude of general flexion, the somewhat stertorous breathing, the slow pulse, the restlessness of the patient when disturbed, and the absence of paralysis—a condition probably due to the laceration of the brain without any considerable oozing from the capillary vessels. Most surgeons are in favour of extending the operation of trephining to cases of compound depressed fractures, whether symptoms of compression or of cerebral irritation be present at the moment or not, believing that the constant irritation of the depressed spiculæ of bone, together with the admission of air, greatly tends to excite meningitis, &c. This case and those already published do not support this practice. Trephining is a grave operation; the results are not encouraging, and the indications for performing the operation often extremely obscure. The

difficulty of drawing a line of demarcation between concussion and compression is frequently very great; and this is not surprising when we consider that both are, according to the latest theories, only symptoms of a common pathological condition of the brain—viz., anæmia; the anæmia of concussion being the result of a temporary vaso-motor disturbance, and therefore the symptoms tend towards gradual decline, and that of compression to the mechanical pressure of extravasated blood, pus, or of a large depression of bone. Here the cause is a permanent one, so that the symptoms, at first generally insignificant, gradually pass from bad to worse, until the patient dies of asphyxia, unless relieved. Most cases of compression in depressed fractures are probably the result of extravasation of blood consequent on injury to an artery or venous sinus, or to extensive laceration of the brain with subsequent oozing from the capillary vessels, since it is difficult to conceive how the depression of a small portion of bone could sufficiently squeeze the brain as to render it anæmic. It appears to me, therefore, from a study of this and of similar cases previously published in THE LANCET, that operative interference in compound depressed fractures is not justified unless there is compression, and this condition we cannot confidently diagnose from the present symptoms alone, but from a careful consideration of the state of the patient immediately after the injury, and the course which the symptoms subsequently take.

Llanfair, Welshpool.

NOTES OF

CASES IN OBSTETRIC JURISPRUDENCE.

By J. BRAXTON HICKS, M.D., F.R.S., F.R.C.P. LOND.,

CONSULTING OBSTETRIC PHYSICIAN AT GUY'S HOSPITAL.

(Continued from p. 199.)

CASE 6. *Request for Certificate of Virginity.*—A young lady, whose family I knew, called on me, asking me to examine her for the following reasons. Her brother had accused her of having had intercourse with a certain gentleman. She, conscious of her innocence, came to be examined, with the view of producing the certificate of virginity. This she did under the old notion that this point could always be cleared up by an examination. I refused to examine her, telling her my reasons—namely, that there are many women who have never had connexion, but who have very open hymens, yielding easily, and in such coitus produces no signs; and so if she was of that kind, the result of the examination would leave her virginity neither proved nor disproved, and so she would be in a worse position than if she stood on her innocent reputation against an accusation which was gratuitous; for unless the hymen were so rigid that coitus could not possibly have been effected, a doubt would be left, which, under the popular notion, would have left her in a worse position than before.

CASE 7. *Trial at the Old Bailey for Manslaughter by a Medical Man; Death from Puerperal Fever following Delivery by Turning for Arm Presentation.*—The point of interest in this case was whether, upon insult and abuse being given to a medical man in attendance on a woman in labour, the medical man can leave the case, telling the friends to send for someone else. In this instance the medical man, while in attendance on the case, was soundly abused by the husband, whereupon he took up his hat and walked out. After some time they obtained the services of another doctor, who, finding an arm presentation, turned with some difficulty. After the third day symptoms of puerperal fever came on, and she died in a week. The coroner sent the case for trial; but it could not there be proved that the same result might not have occurred had the first doctor remained in attendance; and so he was acquitted, but it was very strongly laid down by the judge that a medical man should on no account leave a woman in labour, except his life was in peril; that he should tell them to get another attendant, and when he arrives he could leave, not before; otherwise, should she suffer from want of help, he would be held responsible for it.

CASE 8.—This case is something of the same kind. Death occurred after childbirth from flooding. An inquest was held. No one was present at the labour nor at the death. A medical student, however, was passing just before the birth of the child and was asked to come in, but he excused himself on account