ART. VI.—*On certain Injuries of the Head, with Remarks on the Utility of reporting Cases in Medical and Surgical Practice.* By PHILIP CRAMPTON, M.D., F.R.S., Surgeon General to the Forces in Ireland, and Surgeon in Ordinary to the King; one of the Surgeons of Stevens's Hospital, and of the County of Dublin Infirmary.

It has often been objected to medical men who are extensively engaged in practice, that they seldom communicate the result of their experience in such a way as to make it as available as it might be to the junior part of the profession. That they occasionally put forth large and valuable works on particular departments of the healing art, and communicate through the periodical press, the particulars of some remarkable case or brilliant operation, is not to be denied; but this is not precisely the kind of information, or I should rather say, it is not the *only* information which the younger part of the profession are most anxious to obtain from them. They would, above all things, desire to learn in the shortest, simplest, and least expensive way, how a professional man of experience would manage certain cases which are of almost daily occurrence, but with respect to which the greatest diversity of opinion and practice prevails among the highest authorities.

They read, for example, that in France amputation is performed while the gangrene (from external injury) is rapidly extending up the limb; in Great Britain, on the other hand, this practice is reprobated by the *generality* of teachers and of systematic writers.*—Again, amputation of the thigh is performed in one manner in London, in another in Edinburgh, and in a third in Dublin; the same may be said of lithotomy. In England I believe it is the general practice to open large

* It would appear, however, that opinion on this point has undergone a considerable alteration within the last few years in England.—See SIR A. COOPER'S *Lectures*—GUTHRIE on *Gun-shot Wounds*, and HENNER'S *Military Surgery*.

chronic abscesses by a small valvular puncture, and to draw off the fluid in portions from time to time. In Paris and in Berlin, on the contrary, the abscess is opened by an extensive incision, so as to give issue to the whole of the contained matter at once.—Again, in the treatment of compound fracture of the skull, the trephine is much more generally employed in London than in Dublin. But without multiplying examples, I am warranted in stating broadly, that the modes of practice in London, Dublin, Edinburgh, Paris, and Berlin, are on some of the most important points of Surgery not only different from, but often absolutely opposite to each other. How useful then must it be to the practitioner to be enabled to examine and compare the facts and the reasonings on which this diversity of opinion and practice is founded, and how noble a task for an enlightened criticism, uninfluenced by prejudices either national or personal, to enable the inquirer after truth to view those various modes of practice by the clear light of science and experience. It may at the first view seem strange, that at a time when a greater intercourse exists between the different capitols of Europe, than a few years since existed between different parts of the same kingdom, and when by means of a weekly periodical press, the opinions and practice of one country are scarcely announced, when they are known in every other ; that there should be not merely a national but almost a provincial surgery. It would be foreign from my present purpose to investigate the causes of this diversity, although the inquiry might not be devoid of interest or even of utility, but I may observe in passing, that the causes lie deep among the most immutable principles of human nature. Uniformity of practice in an art which mainly rests on human opinion is plainly impossible, and if possible would not be desirable unless the art were brought to the utmost degree of perfection of which it is susceptible ; but, as this can never happen, so long as the human mind is progressive in improvement, all that can be done for the advancement of knowledge, is to engage the greatest possible number of intel-

ligent, active, and independant spirits in the pursuit, and to bring the result of their separate labours into juxta-position, in order that they may be examined and compared, and their relative merits experimentally ascertained. In this way there will be a gradual and therefore safe approximation to uniformity of practice, and a pro tanto advance towards the perfection of the art. That the publication of clinical lectures, and of (what is perhaps of still more value) the incidental clinical remarks of the hospital surgeon while "going his rounds," has done much towards the advancement of surgical knowledge, is not to be denied; but until the practice becomes more general than it is at present, I believe that hospital surgeons cannot perform a better or more acceptable service to the profession and to the public, than by becoming their own "reporters," and communicating from time to time, through the medium of the periodical press, the results of their experience, without waiting until they have time to give them the form of a regular treatise, or what is still more deplorable, to expand them into a book; and surely if the practice of adulterating valuable medicines by the addition of some nauseous, or, at best, useless ingredient, be a punishable offence, those authors should not escape with impunity, who overlay some useful practical observation with the rubbish of a library. It may be objected to the plan of self-reporting, that it affords too wide a field for the exercise of vanity or of self-interest, and that even if the public had a sufficient guarantee for the integrity of the reporter, the influence of previous opinion, and a variety of other motives might induce him to view *his own case* in a very different light from that in which it might appear to a mere looker on; and this to a certain extent is true; but it is equally true, that a perfect corrective is at hand, and should always be applied. Let no case be reported on the authority of any individual, however trust-worthy. Let every possible security be given against error as well as fraud; if the case occur in hospital practice, misrepresentation will

scarcely be ventured upon, and error will easily be detected and exposed. If in private practice, let some medical practitioner, who is acquainted with all the circumstances of the case, be referred to by name; as a further security, the name and residence of the patients (whenever it can be done so with propriety) should be inserted in the case; for want of this attention, surgical cases in particular, (however faithfully recorded,) are deprived of the greater part of their value; for it is not enough that an operation should be well and successfully performed, the great point to be ascertained is, how far it has been *permanently useful*, and this may be known by a re-examination of the patient after the lapse of a considerable time. We have read of the cutting out, "*with success*," of large portions of the ribs, when affected by cancer, and the cutting off one-half of the face, when affected by the same disease; of removing a tumour of such dimensions, that it was difficult to say whether the tumour was cut away from the man, or the man from the tumour. But how far the subjects of these proceedings were compensated for the immediate pain and danger attendant on the operation, by a prolongation of life, or an abatement of suffering, can be learned only by following them from the hospital to their homes, if, indeed, they ever reach them after such "successful operations."

A Periodical Medical Journal, then, if conducted on the plan to which I have alluded, would faithfully reflect the state of medical opinion and practice in the country in which it was published, it would be, in a manner, the auto-biography of the healing art, the only kind of biography which, perhaps, has a claim to implicit credit; for it has been well remarked by a great writer, himself the best of biographers, that whatever desire the auto-biographer may entertain of appearing in a different character from his own, the man, as he is, will appear through every disguise he may assume. And so it is with medicine, the clinical cases, lectures, and remarks, which are published in the Weekly Medical Journals of London and Paris, have

given us not only a professional, but almost a personal acquaintance with the distinguished men whose modes of practice, and even whose modes of thinking and of speaking, they so graphically describe.

The peculiarities which distinguish British from French surgery, are now as well known to the students in the Dublin hospitals, as to those who group round Mr. Brodie, Mr. Lawrence, M. Dupuytren, or M. Roux, in St. George's, St. Bartholomew's, the Hôtel Dieu, or the Charité. They can clearly perceive, that while the distinguishing character of the one is simplicity of practice, that of the other is complexity; and, *perhaps*, they may be disposed to think that, on some occasions, a *medium* might, with advantage, be found between "the dose of house-physic and keeping quiet," and the saignée, and sangsues, the boissons adoucissantes and delayentes, the potion calmante, the lavements and the demi-lavements, every third or fourth hour, and a variety of other remedies, which can leave the subject of so much skill and attention but little time for needful repose.

I intimated at the beginning of this paper, that the modes of practice in certain severe injuries of the head, were somewhat different in London and in Dublin. The chief difference appears to consist in this, that in fracture of the skull with depression of the bone, the trephine is less frequently employed in Dublin than in London. In Dublin we conform in general with the rule of practice as originally laid down by Mr. Dease, (who preceded Desault by many years,*) namely, "in fractures of the skull with depressed bone, *whether complicated with wound of the scalp*

* Mr. Abernethy is not correct in placing Desault before Dease. Mr. Dease's work on wounds of the head was published in 1778: Desault's thesis on his becoming a member of the College of Surgeons, is dated 1776, and he was not appointed a surgeon to the Hotel Dieu, until the year 1788.—*Eloge de Desault, par Bichat.*

or otherwise, no attempt should be made to raise the depressed bone, *unless very decided symptoms be present of compressed or irritated brain.*" In London, on the contrary, the rule of practice seems to be, "that if the depressed bone be exposed in consequence of a wound of the scalp, the trephine is to be applied to elevate the depressed bone, *whether symptoms of injury of the brain exist or not ;*"* either practice may be supported by the most specious arguments, and each has the sanction of the highest authority. It is plain, however, that in this case the question cannot be decided either by argument or authority, but solely by comparative experiments and observations conducted on a very extensive scale. I doubt, however, whether any individual, no matter how extensive his experience may have been, has instituted a sufficient number of experiments, or observed a sufficient number of facts, to establish definitively either of the opposite doctrines. In surgery, as in every thing else, extreme opinions, or opinions which are not qualified by exceptions and limitations, are seldom safe. I own, therefore, that the opinion of Mr. Dease, † qualified as it is by the exception in respect to those cases in which there are symptoms of compressed or irritated brain, has ever exercised a strong influence over my mind, and I may add, over the minds of all those who, like myself, received their earliest surgical impressions from the lessons and practice of Mr. Dease. I am quite aware that early impressions in favour of any particular mode of practice, are extremely apt to influence our opinions in after life, and that "to seek the testimonies of truth," (as Cicero beautifully expresses it,) "*ex animis consuetudine imbutis,*" is nei-

* See Sir Astley Cooper's Surgical Lectures in the Lancet. Mr. Brodie's Paper on injuries of the head.—*Med. Chirurg. Transactions*, vol. xiv. p. 412.

† "The more eligible and rational method of treatment in all those cases, (fracture with depressed bone,) I believe will be, that of not being precipitate in applying the trepan, as long as the patient remains free from symptoms that would indicate the necessity of it, &c."

ther philosophical or safe ;—but on the other hand, those who received their first impressions from the lessons and practice of Mr. Pott, are liable to a similar imputation of undue influence, operating in an opposite direction ; we can only, therefore, approach to a solution of the problem, by placing in juxtaposition, the *practice* of those who in different countries cultivate the same field of inquiry on a great scale, although by different means. The advantage of this method is well illustrated by what has happened within these very few years, with respect to the treatment of syphilis.

It was long received as an unquestionable truth, that no *true* syphilitic sore (as it was called) could be cured without mercury ; that left to itself, it was (to use the language of Mr. Hunter and Mr. Adams) “invariably progressive.” Every sore, whatever might be its origin or character, that did not obey this law, and either healed *without* mercury, and would not heal *with it*, was pseudo-syphilis, or the result of some newly developed morbid poison. When our army-surgeons, however, observed, that in Spain and Portugal all sorts of sores of syphilitic origin were curable without mercury, we began to think that it might be as well to try the experiment in England ; the result is well known. Now I think it is quite plain that nothing short of this great comparative experiment, tried not on a few individuals, but on nations, could have effected so great, and so important a change in the opinions of men in so short a time. Before I conclude this part of the subject, I think it but fair to observe that the practice of abstaining from the use of the trephine, *unless there were decided symptoms of compressed or irritated brain*, was adopted by Dease in Dublin, O’Halloran in Limerick, Desault in Paris, Callisen in Stockholm, Abernethy in London, at a time when Mr. Pott’s authority, backed by the authority of all antiquity, exercised the utmost influence over the minds of surgeons in every country in Europe.* There is

* I have often heard Mr. Dease say, that at the commencement of his professional life, (between 50 and 60 years since,) it was the duty of the senior appren-

strong ground, therefore, for concluding, that those experienced surgeons did not depart from the established practice, until a constant experience had convinced them of its dangers, and it is strongly corroborative of the justness of their views, that the negative practice (as it may be called) has been adopted by those surgeons, who have, beyond all comparison, enjoyed the greatest opportunities for observation.*

I select the following case from a great number, not because it presents any peculiarity, but on the contrary, merely because it tends to illustrate the practice which is adopted in one of the largest hospitals in this city, in a description of injury of very frequent occurrence.

CASE OF COMPOUND FRACTURE OF THE SKULL TREATED BY
MR. CUSACK.†

James Fagan, aged 23, a tall and powerful man, rather full than otherwise, admitted into Stevens's Hospital at 12 o'clock of the night of the 17th of March, 1832, received a severe wound, five inches long, from a dragoon's sword (convex on its cutting edge) over the right parietal bone. The sword had cut through the bone and membranes of the brain, as some cerebral substance appeared on the lips of the wound. When admitted, he was violent and incoherent, roared very much while being dressed, answered questions with reluctance, and then incoherently; vomited twice, skin warm, pulse 92, and weak. The wound was inflicted about half an hour before his admission. When struck, he fell forwards, and lay insensible for five minutes, then leaped up, made a rush at the door, as if to escape, but fell again. He had been drinking for some hours, when he received the wound.

tices to go to the Hospital at an early hour on every Monday morning, and have all the persons who had suffered fractures of the skull during the festivities of the preceding Sunday evening, scalped, and ready for trephine at the visiting hour.

* Larrey *Campagne de Russie*, p. 140. Hennen, p. 308.

† Extracted from the Hospital Journal, by my Pupil, Mr. Hamilton.

March 18. Present state. He lies on his side as if asleep ; his eyes closed ; when roused and asked a question, he moans and answers peevishly, but often intelligibly. His whole aspect and manner is that of a person oppressed with drink and sleep. When much roused, he can tell *where* he received the injury, but not *how*. Says he has a pain in his head, points to the wound with his hand, and immediately relapses into a state resembling tranquil sleep. Surface of the body warmer than natural ; pulse 88, small and variable, becoming rapid when he moves, or is raised in the bed ; tongue moist, but brown in the centre. Pupils of equal size, contract on exposure to light ; has some cough, which seems to distress him very much, for when it attacks him, he grasps the bed with both hands, and groans with agony ; has vomited four or five times during the night. On removing the dressing this morning, a good deal of cerebral substance mixed with blood escaped from the wound.

℥xvi. of Blood were taken from the arm.

Ordered a Bolus of Calomel and Jalap. Fever diet.

March 19. The bolus has not operated, was probably rejected by vomiting. A pint and a half of urine drawn off by the catheter last evening. Got some sleep ; did not rave ; is more sensible ; answers when spoken to, but still with reluctance ; would not allow the catheter to be passed this morning, but about a pint of high-coloured urine voluntarily passed afterwards. Pulse 75, soft and regular. Tongue brown at the centre.

Ordered a purging Enema.

March 20. More torpid to-day ; moans frequently ; complains of pain in the head ; pulse 55 when he lies quietly, but when he is disturbed, it rises to 80. Pupils natural ; no stool ; he will not shew his tongue.

℥xx. of Blood taken from the arm.

Pills with Calomel and Colocynth, and a Cathartic Enema.

Wound glued together by lymph and pus.

March 21. Bowels well freed ; stupor not so great ; pulse 68 ; puts out his tongue when desired ; passes his urine voluntarily ; wound looks clean.

xxiv Leeches to the head ; a Cathartic Enema.

2 gr. of Calomel every 3 hours.

He continued much in the same state, but gradually becoming more sensible, until the 24th, when he appeared more torpid, and at 4 o'clock, p. m. he had a violent convulsive attack, four men could scarcely keep him in the bed ; three hours afterwards he had another fit equally severe, which was followed by great stupor. *As there were now evident symptoms of irritated, and probably compressed brain*, it was determined, in consultation, by Mr. Crampton, Mr. Peile, Mr. Collis, Mr. Wilmot, and Mr. Cusack, to lay bare the wound in the skull freely, and then to act according to circumstances respecting the removal of a portion of the bone. As a considerable quantity of brain had escaped from the wound in the first instance, it was obvious that both tables of the skull, the membranes of the brain, and the brain itself, had been divided by the sword, and it was probable that the inner table of the skull had been separated from the outer, and driven in upon the brain : and such, upon a careful examination with the probe, seemed to be the case. A slip of bone about $\frac{1}{4}$ of an inch broad, and three inches long was removed from the upper edge of the divided bone, by means of a *straight saw*, about four inches in length ; the operation was performed by Mr. Cusack, and was effected in a very few minutes, and with great ease. On removing the slip of bone, it was ascertained that the inner table was detached, so as to form an acute angle with the outer table. Some softened cerebral substance escaped from the wound ; he had one slight convulsive attack after the operation, but he soon became much more sensible, and now (four hours after the operation) he lies tranquilly with his eyes open.

March 25. Had a convulsive attack at 10 o'clock last night, but is quite free from stupor this morning ; answers questions

freely; pulse 76, small and weak; complains of his head. Every thing went on favourably until the 27th of March, when a small red pulsating tumour, about the size of a pea, appeared in the centre of the wound.

Ordered ζ i. of infusion of Cinchona three times a day.

March 28. The fungus has doubled its size; is of a light purple colour, and pulsates slightly; wound granulating; general symptoms favorable; no material change occurred in the local or general symptoms, until the 13th of April, when the fungus began to enlarge considerably, and he became more torpid, and irritable; complained of pain in the head; the fungus pulsates strongly, and is as large as a small walnut. About the 16th of April the fungus began to decline rapidly in size; the general symptoms at the same time became more favourable. On the 20th the fungus had disappeared, and about the 1st of May the wound was completely healed.

Fagan was discharged from the Hospital on the 15th, in good health, but his memory was much impaired; he was able, however, to resume his work as a pipe-maker. I saw him this 20th of July, 1832; his health is excellent, but his memory of *words*, but not of *things*, is greatly impaired; he told me "he knew every thing as well as ever he did, but he could not put a name on any thing." I shewed him a button, he laughed, and said "I know what it is very well, it is a ba, ba, ba,—Och! I can't say it, but there it is," pointing to a button on his own coat.

Observations.—I think it probable, that had the portion of depressed bone been removed in this case in the first instance, namely, the 17th of March—or had the operation been delayed until the 25th or 26th of March, the result would not have been so favourable. The operation, in the first instance, would have been an additional violence to parts already severely irritated, and consequently an additional source of inflammation; it would besides have removed all support from the wounded brain, a great part of which would (it is probable) have escaped

through the opened dura mater. If the patient escaped these first dangers, then came the danger of hernia, or rather fungus cerebri—one of the most frequent and dangerous consequences of wounds of the dura mater. Had the operation been postponed even for a few hours after decided symptoms of cerebral irritation (as evinced by the convulsions) had set in, it would have but aggravated the mischief, by irritating parts already in a state of incipient inflammation.* That operation may be resorted to with advantage, even after the appearance of symptoms, which, if not relieved, almost invariably proceed to a fatal termination, is an important fact which has not perhaps been sufficiently insisted upon; there are some most interesting cases which illustrate this point of practice, reported by Mr. O'Halloran, in the 4th volume of the Transactions of the Royal Irish Academy. As the work is not usually to be found in Medical Libraries, I shall give the substance of two of the cases in as few words as may be.

“CASE IX.—Pat. Kelly received repeated blows on the left parietal bone, which produced a very extensive fracture, with a contused wound of the integuments. He went on tolerably well for about ten days; he then became heavy and drowsy; the complaints increased, and when I was sent for, he was comatose, and so much oppressed, that I apprehended an operation would be useless, and had some thoughts of immediately returning; but reflecting on the great resources of nature, I re-

* The convulsions which are caused by *irritation* of the brain, and which, not unfrequently, appear shortly after a severe injury of the head, are of a very different character from those which are caused by the disorganization of the brain, consequent on *inflammation*. The first appear to be an epileptic character, and are probably connected with a disordered state of the fractures, rather than of the structure of the brain, and are comparatively attended with but little danger.

The second usually appear in connection with strabismus and coma at the termination of the train of symptoms called “secondary,” from their occurring several days, or even weeks, after the injury has been inflicted, and it is scarcely necessary to add, that they are almost invariably the forerunners of death.

moved the integuments, applied the trephine, and elevated the depressed bone. Immediately after the operation, he opened his eyes, knew me, and spoke. Eight days afterwards I removed a loose piece of bone of considerable size. The next day he had paralysis of the opposite side; he laboured under this partial paralysis for fifteen days and then gradually recovered.

“CASE X.—I visited Pat Hayes, who 13 *days before* had received a blow which made a profound depression on the posterior superior part of the right parietal bone; the pulse was slow and weak, but regular; he was quite comatose, and could not articulate. The bone was crushed into bits, and was driven in upon the brain, wounding the dura mater in some places. By means of the probe, forceps, and elevator, (without the trephine,) I relieved the dura mater of all incumbrance. In some time the dura mater rose to its natural height; the diseased parts sloughed off, and he recovered.”

If there be any rule of surgical practice more dogmatically laid down than another, it is that which inculcates the necessity of removing all extraneous matters, including splinters of the fractured skull, which, being driven inwards, wound the brain or its membranes; even Desault, who carried his repugnance to the use of the trephine beyond what most surgeons would even now think reasonable, considered this an excepted case. He advises “the fragments to be extracted by the means of forceps, and if this cannot be effected, recourse must be had to the trephine.” It would appear, however, from the following case, that even this rule is liable to exceptions.

In the month of September, 1818, Mr. Henry Brougham, a fine, intelligent, and active youth, about 18 years of age, received the contents of a fowling-piece, loaded with snipe-shot, in the centre of his forehead, by the following extraordinary accident. Holding his gun by the upper part of the barrel, he struck the stock obliquely downwards against the bar of a gate, which he wished to push open. The hammer was resting on the copper cap, which it compressed with the whole force of the spring; this pressure, aided by the vibration communicated

by the stroke of the stock against the gate, was sufficient to make the detonating powder explode. From the oblique direction of the barrel upwards, the shot did not strike point blank against the forehead, but somewhat obliquely ; it was, however, sufficiently direct to carry away an oblong piece of the integument of the forehead, nearly three inches in diameter, to fracture the os-frontis into small pieces, and to drive the greater number of them deep into the substance of the brain. Mr. B. was carried, in a state of insensibility, by some country people to a cottage, where he was soon visited by a medical practitioner who resided in the neighbourhood, who took some blood from his arm, but did not meddle with the wound. I saw Mr. B. on the following day, he was perfectly sensible, his pulse about 80, small and regular. He distinctly described to me every thing that had occurred previously to the going off of the gun ; he told me that when he felt the shock, he had a vague kind of consciousness of what had happened ; he raised his hand to his forehead, and feeling so great a wound, he concluded that the shot must have passed through his head. In order to ascertain if it were so, he remembered having passed his hand to the back of his head, where, finding the hair clotted with blood, he concluded that the shot had passed through, and that he had but a few moments to live, “ and then ” (he added in a voice, which for the first time was tremulous) “ I thought of my mother.”* The head and face presented a frightful spectacle. The eyes were closed by the great swelling of the eyelids and cheeks. The skin of the face, which was perforated in many places by the shot, was covered with coagulated blood, rendered blacker by being mixed with gunpowder. The principal wound occupied the centre of the forehead, exactly where phrenologists place the organs of eventuality and comparison ; here there was a wound of a circular form, above two inches in diameter, and nearly an inch in depth ; the bottom of the wound, which rose

* Mr. B. was the only son of a widowed mother, his father was brother to the present Lord Brougham.

and fell with every pulsation of the heart, was covered with a mixture of coagulated blood, disorganized brain, fragments of bone, and some of the wadding of the gun. Having cleared the face and head of the coagulated blood, in which they were in a manner incased, I proceeded to clear the wound of the extraneous matters which were lodged in it; but scarcely had I touched with the forceps a large fragment of bone which was buried in the brain, when the whole body was shaken by a convulsive movement, and he moaned deeply. Of course I desisted from all further attempts to extract the splinters, and determined merely to cleanse the wound with tepid water, of the wadding and gunpowder which lay on its surface: but scarcely had three drops of water fallen on the part, when he cried out in a voice more expressive of terror than of pain,—“Oh, don’t! Oh, what’s that?” I asked him if I had hurt him. He said “I do not know, but the sensation is dreadful.” I now gave up all further attempts at even washing the wound, and merely covered it with a piece of soft lint. The rest of the treatment may be described in a few words. Leeches were applied in large numbers daily to the forehead and temples; iced water to the head, generally; attention was paid to the bowels; iced water and iced lemonade was the only sustenance which was allowed for six days; and at the expiration of this time he was conveyed (eight or nine miles) on a litter, from the miserable hovel in which he lay, to his mother’s house in Sandymount. The local treatment was equally simple. The discharge from the wound was gently wiped away from the face as often as was necessary. This discharge contained for several days a large proportion of softened brain, mixed with blood; but the wound itself was not so much as washed for twenty-two days, and even then, nothing more was done than to lift off the small fragments of bone, as they became detached by the process of nature.* This great

* Mr. Colles, with his usual sagacity, warns the surgeon from removing fragments of bone from the brain for a few days after the wound has been inflicted, “in order to give time for the adhesive inflammation to take place; this circum-

wound was completely healed in two months, although small spiculæ of bone were discharged from time to time, for more than a year afterwards. The cicatrix when healed, was deeply depressed, and pulsated like the fontanelle in the head of an infant. Mr. Brougham resumed his studies in Trinity College, and graduated at the end of the year. I met him by accident six or eight years afterwards, and recognized in my old patient one of the most amiable and valuable clergymen in Ireland. How far the mental phenomena recorded in either of those cases may be consistent with *that part* of phrenology which gives "a local habitation and a name" to each faculty of the mind, I do not pretend to decide ; but I take it for granted, that those who are deeply versed in the science, will find no difficulty in offering an explanation of the facts.

(*To be continued.*)

ART. VI.—*Morbid Dissection of a Case of Hydrocephalus.*

By JOHN COLVAN, M.D., Licentiate of the King and Queen's College of Physicians in Ireland, Physician to the Armagh City Fever Hospital, &c. &c.

ON inspection of Mr. N——'s child's head thirty-six hours after death, a soft tumor, which to the external feel indicated fluid, and was generally as large as a middle-sized hen egg, protruding at the anterior fontanelle, had completely subsided, the head appeared little, if at all, enlarged ; on cutting through the dura mater no fluid appeared exterior to the brain, but every where marks of congestion and inflammation ; a large quantity of apparently wheyish fluid was contained in the ventricles, which appeared enlarged in their dimensions, and also under the base of the brain. Two abscesses were discovered, one in the left lobe of the cerebellum, the other in the posterior lobe of the

scribes the depressed piece, hardens the surface of the brain, and thus enables us more readily to lay hold of the fragment of bone."—*Practical Precepts*, p. 20.