

NEWCASTLE-ON-TYNE INFIRMARY.

INJURY TO THE HEAD; SYMPTOMS OF FRACTURE OF THE BASE OF THE SKULL; NECROPSY; REMARKS.

(Under the care of Mr. PAGE.)

THE following case was reported by Mr. Wm. Baigent, house surgeon.

J. S—, aged thirty-eight, a sailor, who had fallen twenty feet, was admitted on Dec. 5th, 1887, at 1.30 A.M., in a cold, insensible condition. There was a fracture of the left femur, hæmorrhage from the left ear and nose, and ptosis of the right eye. There was no wound of the head or face, and no depression could be felt.

At nine o'clock the same morning the man was conscious, but restless. He complained of pain around the head, particularly behind the left ear; the ptosis was more marked, and there was partial loss of sight in the eye of the same side. The hæmorrhage from the nose had stopped, but continued from the left ear. On Dec. 7th the patient was conscious, restless, and irritable; the ptosis was still present, but the discharge of blood from the ear had gradually assumed a serous aspect, and was now copious and clear. From this time the discharge gradually diminished in quantity, and by Dec. 14th had disappeared. For the next six weeks the patient remained apparently quite well, with appetite good and temperature normal, when on Jan. 24th, 1888, after going about on crutches for five days, there was a return of discharge from the left ear, which was more purulent in character than on the previous occasion. The temperature was normal, and the patient expressed himself as feeling quite well. On the morning of Jan. 25th, 1888, the man did not take any dinner. In the afternoon he experienced a chilly sensation. At 3.30 he had a rigor, which was neither severe nor prolonged. An hour later he vomited, and at 6.30 was in an unconscious state, with back arched, legs flexed upon the thighs, and thighs upon the abdomen. The urine was passed involuntarily. The eyes, with pupils dilated and inactive, wandered to the left; the right disc was white, the veins were distended, and the arteries were small; left disc red. Temperature 104° ; pulse 130. On the following day the patient remained in the same condition, and in addition there was nystagmus of both eyes.

On January 27th Mr. Page made a semilunar incision in the temporal region, and trephined one inch and a half above and a quarter of an inch behind the left auditory meatus. On removing the circle of bone, the membranes bulged into the opening; they were incised, but no pus was found. The long fine needle of an aspirating syringe was then passed in several directions into the brain, with a negative result. The flap of skin was then replaced and the wound dressed antiseptically. The patient died on the following day.

At the post-mortem examination, pus was found beneath the dura mater in the longitudinal fissure between the frontal lobes. On the base of the brain, about the under surface of the pons and medulla surrounding the cranial nerves, was purulent lymph. In the left fissure of Sylvius was some dark, firm, though comparatively recent, blood clot, which extended into the fissures and sulci of the brain in the neighbouring parts. The brain substance itself was congested, and here and there, especially beneath the frontal lobes, the section revealed pus beneath the arachnoid. After careful and prolonged search no fracture was found.

Remarks by Mr. PAGE.—This case illustrates the necessity of diagnosis and of prognosis attending an injury to the head. The signs of fracture of the base were well marked—bleeding followed by clear watery discharge from the ear, ptosis, and insensibility. Seven weeks after the accident, the patient having been apparently well for fully five weeks, head symptoms quite unexpectedly arose, and after death no fracture was found, simply purulent meningitis.

KIDDERMINSTER WORKHOUSE INFIRMARY.

STRANGULATED INGUINAL HERNIA.

(Under the care of Mr. J. LIONEL STRETTON.)

J. F—, male, aged seventy years, said he had been ruptured for many years, and had worn a truss. On Oct. 19th 1887, the rupture came down, and he was unable to get it back. He had left the truss off because it was not comfortable.

He was seized with great pain and vomiting. He was put to bed, given opium internally, and ice was applied to the tumour. This gave him great relief, and he was able to reduce the rupture himself. After this he passed a comfortable night, free from sickness. In the morning (Oct. 20th), however, his symptoms reappeared, and when seen he presented the usual signs of strangulated hernia. On examination there was a small soft swelling, about the size of a walnut, in the left groin. There was no impulse on coughing, and, although easily pushed up out of sight, it immediately returned again.

As the man's symptoms did not give way to treatment, it was determined to put him under an anæsthetic, and, if necessary, operate. Ether having been administered and the parts fully examined, an endeavour was made to reduce the swelling, but without avail. Mr. Stretton invited a medical friend to examine it, and he was able almost immediately to reduce the swelling, so that it did not return in spite of a good deal of coughing (the result of the ether). As the gurgle had been distinctly felt in reduction, the conclusion was formed that the bowel had been returned into the abdominal cavity. A pad and bandage were then applied. As the effects of the ether passed off there was a good deal of pain, and the sickness recurred. On removing the pad about six hours afterwards, the lump had returned, though smaller in size. He was again placed under ether, and an incision made. In dissecting downwards, two distinct orifices were discovered at the neck of the sac, and on careful examination the lower one was found to communicate with an artificial sac containing about a foot of intestine, the upper one, where the strangulation existed, communicating with the abdominal cavity; this was nicked, and the bowel slowly drawn out from the false sac, and returned into the abdominal cavity.

The usual after-treatment was adopted, and the man made an uninterrupted recovery. His temperature never exceeded 101.2° , and his bowels acted naturally on the fourth day.

March 27th, 1888.—He now wears a truss, and has not experienced any discomfort since the operation.

Remarks by Mr. STRETTON.—The above case corresponds with the third variety of displaced herniæ described by Birkett, and its rarity renders it worthy of report. It also explains the wisdom of exploration in all cases where symptoms of strangulation persist after a supposed reduction. The age of the patient and his rapid recovery are also worthy of mention.

GOVERNMENT HOSPITAL, NAGASAKI.

FRACTURE OF THE ZYMOtic PROCESS OF THE TEMPORAL BONE.

(Under the care of Mr. C. H. ARNOLD.)

TOKARA T—, aged twenty-two, a native of Nagasaki, was sent to the Government Hospital on July 9th, from the Peninsula and Oriental steamer *Thibet*, with an injury to the face caused by a violent blow from the heavy iron hook at the end of the chain attached to the steam crane used in discharging and taking in cargo.

On admission the patient presented a swelling about the size of a pigeon's egg, two fingers breadth in front of the left ear. There was also an odd expression on that side of the face if viewed in profile, but not sufficient to amount to a deformity. The patient could open and close the jaws and speak distinctly, but the motion from side to side, and also the act of swallowing, were very painful. On close examination and manipulation, a distinct fracture of the zygoma was perceptible between the coronoid and condyle of the inferior maxillary bone. The replacement of the broken fragments was most difficult, but by inserting one forefinger inside the cheek and pressing with the other hand outside, above the zygoma, the broken ends were at length brought into perfect apposition. Further treatment consisted in the application of a four-tailed bandage, two ends being tied above the head and two behind the neck. Only liquid food was given.

The only points of interest are the difficulty of securing apposition of the broken ends, and the ease with which it was maintained when once secured.

DEATH UNDER CHLOROFORM.—A boy aged three years died in Newcastle Infirmary on the 16th inst., whilst undergoing an operation under the influence of chloroform.