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ART. XXXVI.—*Fracture of the Cranium, with Depression.—Trepining—Recovery.* By HAMNETT HILL, *Bytown.*

On the afternoon of October 13th, about 2 o'clock, Peter Pinard, aged 8 years, while playing in a stable, received a kick on the forehead from a horse, midway between the edge of the orbit and the frontal protuberance on the right side. He was rendered senseless by the force of the blow, which severely cut the integuments, and indented the bone of the skull. I was called to him, in consultation with the late Dr A. Beaubien, at 3 o'clock, p. m., about one hour after the accident, and found him with a gaping, contused wound on the right side of the forehead, of about two inches in length, parallel with the long axis of the orbit, the centre of which would correspond with the pupil of the eye on that side. It was evidently the result of the toe caulk of the horse's shoe, which had taken such terrible effect on the os frontis. The integuments were driven upwards; and, on introducing the finger into the wound, at its upper margin, there could be distinctly felt the well defined edge of a part of the fractured frontal bone, for about an inch in length, while below it, the bone seemed shattered, and forcibly driven into the substance of the brain to a depth of near half an inch. Severe as was the injury, but little effect seemed to be produced in comparison with what one would have expected. At this time, the boy was perfectly sensible, his breathing quite regular, not the least stertorous, pupils sensible to the action of light, and pulse about 72, without any peculiarity in it; he was very intolerant of pain, and writhed about very much on

any examination being made of the wound. Such was the state of the symptoms; and although the physical evidences of bony depression were too obvious, yet, as there was wanting every indication of compression of the brain, it naturally became a question whether it was justifiable to trephine him, or await the issue of subsequent symptoms. We decided on the latter course, and proceeded to dress the wound lightly; but, ere half an hour had elapsed, the symptoms began to put on a more alarming aspect. The pulse became slow, and continually intermitting; an increasing disposition to somnolency manifested itself, during which state the eyelids remained open just enough to show the pupils, which were now strongly contracted; but, on rousing him, which the slightest pain would do, they became widely dilated, and so remained when exposed to the light of a candle. Under these altered circumstances, the operation of trephining was promptly decided on; the wound was therefore enlarged upwards, at right angles to its original direction; thus making it of a T shape. The reflection of the two flaps gave ample room for the further steps of the operation, which was accomplished without much difficulty, except from a somewhat troublesome hæmorrhage from the frontal branches of the temporal artery, which obscured the parts from view. On removing the semicircular portion of bone under the trephine, I endeavored to raise the depressed bone with the handle of a tooth forceps, (a good substitute for the elevator,) but it was so firmly impacted and wedged as to render it impossible to stir it; so, reversing the forceps with much care, I laid hold of the depres-