HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Extensive Fracture of Skull; Wound of Meningeal Artery; Symptoms of Compression;—Operation; Death in 25 hours.

(REPORTED BY MR. JOHN D. CLENDINNEN.)

Aubert Gruleau, a Canadian æt. 17, apparently a strong, vigorous lad, was brought to the Montreal General Hospital about 1 o'clock A. M., 4th June, 1853, in an unconscious state, and laboring under symptoms of Compression of the Brain, with very severe spasmodic action of right side, occurring at intervals of a few minutes.

His companions stated that he had been a sailor on board the Barge "La Reine Blanche," and about 2 hours previously (11 o'clock P. M. 3d.) whilst lowering the sails, by means of a windlass, the latter flew violently round and struck him on the head, knocked him down, producing immediate insensibility, which remained since. On admission, there was considerable effusion under scalp, at each parietal protuberance, with signs of depression on the right side; the feet were very cold, head and remainder of the body warm; his head was shaved, and on examination by Dr. Reddy (house physician) no external wound was visible. 10 grs of calomel were given immediately; hot water applied to the feet, followed by sinapisms to the calves of the legs, and 2 grs of calomel ordered to be given every hour, with the application of iced water to the head constantly till the usual daily visit.

12 o'clock, noon. The following appearances presented themselves: There was great effusion all over the scalp, depressions however perceptible, particularly one on right side; complete paralysis of left side of the body with Anæsthesia, left eye alternately dilated and contracted, and constantly in motion; violent convulsive jactitation of extremities of right side, occurring about once every minute; right eye permanently dilated, lids generally closed, breathing stertorous and rapid, and pulse very variable, full, slow, and averaging 68. Upon making an incision into the scalp over the depression, a considerable quantity of dark blood escaped mixed with portions of brain.

After a consultation with Dr. Fraser, Dr. Sutherland extended the opening, and with a pair of forceps and elevator, extracted 3 pieces of the parietal and temporal bones, which were not more than ¼ of an inch thick, and altogether about 3 inches long, by a little more than 1 inch in breadth; a good deal of hemorrhage followed, which was stopped by the formation of a clot and the application of lint and cold water.

½ past 1. Has had several convulsive attacks, some exceedingly violent and chiefly affecting the right arm and leg. Pulse 154, full and soft. Breathing stertorous; respirations numbering 60 per minute; pupils of both eyes dilating and contracting.

½ past 2. Has had severe convulsions, shows no signs of consciousness, but still retains the power of swallowing. Pulse cannot be counted, respiration 50, and more oppressed.

¼ to 3. Has just had a severe rigor, affecting the right side only, pulse 160, raised his head and swallowed a spoonful of water.

½ past 3. Pulse 104, pupils contracted, skin moist and warm, has had no return of rigors or convulsions for some time.

½ past 4. Pulse cannot be counted, respirations 58, slight occasional jactitations principally of right side, appears more sensible, and swallows water with apparent ease.

5 o'clock Pulse 136, made an attempt to speak but is unintelligible, breathing not so stertorous, Respiration 52.

½ past 5. Pulse 104, very weak, skin cool and bedewed with clammy perspiration, he had several convulsive paroxysms, during which the breathing was hurried and laborious. In the interval easy, made another attempt to speak, and articulated two words in French distinctly.

½ past 6. Paroxysms more frequent and severe, pulse very weak.

½ past 7. Pulse very weak, cannot be counted, pupils widely dilated, but contract under the influence of light.

9 P. M. Passed a quantity of dark colored fæces involuntarily.

½ past 9. Spasms still continue at slight intervals, in consequence of fullness over Hypogastric region, Dr. Reddy introduced a catheter and drew off a few ounces of pale urine.

10 Spasms less violent and convulsions not so frequent.

11 Convulsions as before, respiration irregular and panting, averaging about 72, symptoms of complete stupor present, coma afterwards came on, and he died at 20 minutes to 12.

Post Mortem Examination, 17 hours after death.

On dividing the scalp, there was considerable effusion of blood, between the pericranium and scull, so that the scalp could be detached without difficulty. There was a large opening on the right side covering the situation of the parietal protuberance, corresponding to the portions of bone removed previously, extending downwards, the fracture passed through the petrous portion on temporal bone of the same side into the fissura glaseri, extending upwards it opened out the coronal suture, passing across the sagittal suture and extending to the petrous portion