

THE

DOMINION MEDICAL JOURNAL.

VOL. II.—No. 11.

TORONTO, ONT., JULY, 1870.

(PRICE, \$1 PER ANNUM
In advance, \$2 "

Original Papers.

CASE OF RECOVERY FROM EXTENSIVE FRACTURE OF THE SKULL.

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July 14, 1870.

Editor Dominion Medical Journal.

SIR,—I send you the enclosed report of a case of "Fracture of the Skull" recently under my care, thinking you might consider it worthy of publication. I should like to see a larger number of "Original Communications" in your Journal, but when the *great quus* of the city hold back, as they seem to do, you cannot blame the country practitioners for being backward also. Hoping that the time will soon come when an interchange of opinions or experiences through the medium of the JOURNAL will become more general,

I remain, yours, &c.,
E. L. BURNHAM.

On the 7th of May last, Mr. B——, a man of spare habits, *æt.* 42, a farmer by occupation, while riding on a heavy land-roller, drawn by a yoke of young, wild oxen, was thrown off, owing to the oxen running away, and the roller, which weighs from 800 to 1,000 lbs. passed over his head, inflicting the injuries I am about to describe. I saw him a few minutes after the accident, and found him insensible, pale, surface of body cold, pulse weak and fluttering and bleeding profusely from both ears; the blood was evidently arterial, issuing in jets, and in a large full stream, so freely, indeed, that in a very short time his own person and the road—which, by the way, is a hard gravel one—for a considerable distance around was covered with it. On the left side of his head, about an inch from the median line above, there was a wound

in the integuments fully two inches and a half long, through which could plainly be seen an extensive fracture of the skull, with depression. On seeing the dangerous character of the injury, I had him conveyed into a neighboring house, and immediately sent for Dr. McNaughton, of Erin, who shortly arrived, when we made a close examination of the injured parts, together. We found, by tracing the line of depression, that the fracture extended from a point about three-quarters of an inch posterior to the external angular process of the frontal bone, in a semi-circular direction, upwards and backwards to within an inch of the median line above, and then downwards and backwards to the lambdoidal suture, and approaching to the mastoid process of the temporal bone behind. There was also very strong evidence of a fracture of the base of the skull as well, viz: copious bleeding from the ears, a free discharge of serum after the hæmorrhage ceased, and partial paralysis of the face. This discharge of serum was most observable from the *right* ear; the paralysis of the face was also on the *right* side. The patient still remained almost completely insensible. During the night I allowed him to have a little whisky and water occasionally, and applied hot flannels to his feet and legs. On Sunday morning, the 8th of May, Dr. McNaughton and myself, with Riddell, of Alton, saw him, and as he had now recovered in a great measure from the shock which his system had received at the time of the accident, we determined that trephining was necessary to afford him any chance of recovery, although, of his recovery we had very little hopes. He was now in a partially comatose condition, breathing heavily, pulse slow and full, one pupil, the *right*, dilated, and the other contracted; he could be roused when spoken to