

British Columbia.

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COMPOUND COMMINUTED FRACTURE OF FRONTAL BONE AND LEFT ORBIT- AL PLATE, WITH EVULSION OF EYEBALL.—RECOVERY.

John Cullen, aged 29 years, employed at a lumber mill, fell headforemost from a height of thirteen feet. His forehead struck against a nut which screwed down an iron bolt in the fixed machinery of the mill. The nut was a square one, measuring one inch each way, and the bolt projected about half an inch from the nut. I saw the man within an hour of the accident. He had a compound comminuted fracture of the frontal bone, with perforation and splintering of the left orbital plate. The external wound was nearly two inches long, extending through the supra-orbital notch, and dividing that artery and nerve. The eyeball was torn from its attachments and protruded from the socket, the evulsion being almost complete; the internal recti muscles were torn away; the optic nerve stretched and exposed to the extent of two inches and partially torn across. He had lost a good deal of blood, but was conscious and sensible. He was removed to a suitable place, to secure due care and nursing, and shortly afterwards I proceeded to treat the case as follows:

The wound and the cavity of the orbit were saturated with carbolized oil (1 in 20) by means of a syringe, after which several spicula of bone, incapable of coaptation, were removed, six small fragments being taken away. The injury to the eyeball and optic nerve being too severe to warrant the hope of restoration, I removed the eye—care being taken to get as good a “stump” as possible. The wound was sutured with carbolized gut, and drainage provided for. After dusting the surface with iodoform, a thick compress of aseptic gauze was applied. Care was taken to effectually close the other eye, so as to secure the most perfect rest, and I may say here that this precaution was absolutely adhered to for ten days. I then gave

him a hypodermic injection of morphia and cocaine ($\frac{1}{4}$ grain of each). During the first twelve hours after the accident his temperature rose to 102° , and this pyrexia was accompanied with a little delirium and restlessness; by the third day, however, this had quite disappeared and his temperature was practically normal. It was carefully noted twice daily for ten days, during which it never rose above 99° . The wound healed in a very remarkable manner. By the fifteenth day there was a firm and satisfactory cicatrix, and since then a deposition of new bone has been steadily progressing. He recovered without an untoward symptom. Three months after the accident he was fitted with a glass eye, and shortly after he resumed work.

The case is interesting from several points. Such a fracture is extremely rare. In an extensive surgical experience of a quarter of a century I have not seen such another, nor have I read of one. The proximity to the base of the brain, and the probability of injury to the ethmoid bone and olfactory nerve involved the risk of cerebral mischief, which, fortunately, did not occur. Too much stress cannot be laid, in such cases of injury to the optic nerve, on the absolute exclusion of light from the other eye, so as to secure functional rest. At present, twelve months after the accident, the remaining eye is sound and the sense of smell unaffected.

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DR. DAVIE'S SALARY.

We are on the eve of a general election in this province, and, as is usual before such an event, party feeling is running high. The Opposition in our Legislature is doing its level best to oust the Government, while the latter is resisting the attack with a vigour which those in possession of anything worth keeping commonly exhibit. It is not our intention to use this journal as a vehicle for disseminating political views of a nature hostile to either the “ins” or the “outs,” but I think that most of our readers will admit that dragging the question of Dr. Davie's (our late Provincial Health Officer) salary into a question of party politics, is not the