

The Northern Lancet And Pharmacist.

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WINNIPEG GENERAL HOSPITAL NOTES.

BY W. S. ENGLAND, M.D.

Medical Superintendent.

CASE 1.—Fracture and dislocation of the 6th cervical vertebra. Paraplegia; trephining; death.

L. H. ———, aged 42, section man, was admitted under Dr. Ferguson, on August 19th, 1890. On the morning of the 18th inst, patient was thrown from a hand car and run over, the wheels passing between his shoulders. There is no history of loss of consciousness and he was immediately paralysed. On admission his general condition was good; expression heavy, eyes dull, pupils active and moderately dilated. He lay on his back in a helpless state, with the head bent slightly to the right side. The upper limbs lay across the chest, the hands being supine and the elbows flexed. There was complete loss of motion and sensation below the third rib, also diminished sensation and paresis of the arms. The abdomen was moderately full and the bladder slightly distended; respiration rather rapid, (24-28) diaphragmatic and somewhat noisy. Pulse 80, full and regular. Patient complained of slight pain over the lower cervical region and tenderness over the sixth and seventh spinous processes was well marked; no deformity. On the following day the intellect was clear, but there was a marked tendency to sleep. General condition not changed. There was absolute paralysis of the lower limbs, abdomen and chest, as high as the third rib. The extraordinary muscles of respiration could be brought

into action by forced respiration. There was a marked paresis of both arms, but the patient retained power of voluntary contracting the flexers and extensors of the fingers, hands and arms. There was anaesthesia as high as the third rib, also anaesthesia along the ulnar side of the arm, sensation being present but diminished on the radial side. Priapism was constant and seminal emissions frequent. Retention of urine was present from the first, requiring regular catheterization; bowels constipated. The reflexes below the third rib were abolished, special senses normal. No subjective sensations except a general feeling of weight

NOTE.—21st, Power of extension lost; still able to flex the elbows weakly.

The patient was put on an air-bed and given palliative treatment until the 22nd inst., when his case was seen to be hopeless if left alone, so Dr. Ferguson decided to trephine the spine and a consultation of the hospital staff was called. Chloroform having been administered a vertical incision about six inches long was made over the lower cervical and upper dorsal spinous processes, having its centre about opposite the seventh cervical. The muscles were now cleared away from the laminae by means of the scalpel and raspatory. There was a good deal of blood staining of the muscles and subcutaneous cellular tissue in this region. On examination the lamina of the 6th cervical vertebra was found to be fractured and the vertebra displaced forwards. The laminae of the 5th and 6th cervical vertebrae were removed and the membranes covering the cord exposed, when they were found to look normal. A few blood clots were found around the membranes, these readily came away. The dura was next opened, longitudinally for about two inches. A clear arachnoid fluid escaping. The cord at this site looked normal; no pulsation. The dura was sutured with fine cat-gut. The wound drained, sutured and dressed antiseptically; the head being supported by a duro-mast. 23rd, No improvement in case; bowels moved involuntary. 25th, Restless and delirious at times; temperature rose to 106½° today. 25th, Temperature 101° F; patient gradually sinking; arms completely para-