COMPLICATIONS AND TREATMENT OF FRACTURE OF THE BASE OF THE SKULL.*

BY

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I intend only to speak of the "Complications and Treatment of Fractures of the Base of the Skull"; and even to do that briefly will, I fear, tax your patience quite enough, leaving aside the much wider, and vastly more interesting, subject of Fractures of the Skull in general. My reason for taking up this subject was, primarily, that I had under my care this summer, in my wards in the Montreal General Hospital, a rather remarkable series of Fractures of the Base—remarkable in the fact that no fewer than five were there at the same time, affording opportunity of comparative study—and also remarkable for the further fact, that they all recovered. I do not say this boastfully, for several of them should have died to preserve my prognosis. This series of cases, naturally, made me study up the subject of Fracture of the Base as I had never done before; and the good results of the routine treatment followed made me wonder whether we—as general practitioners—have not been too prone in the past to assume that this was a form of injury for which any treatment was useless, and that all we should do was to make a correct diagnosis, give a grave prognosis, and then fold our hands and await the result. Such an attitude, I maintain, in these aseptic days is quite as unjustifiable in the case of a fracture of the base of the skull as it would be in a compound fracture of the tibia, for instance.

I crave your permission to now refer shortly to the following seven cases of the injury under discussion, as I have excluded the cases of fracture of the vertex, which did not show any symptoms of having extended to the base.

Case I. Mabel S., aged 8, was brought to the Hospital on May 30th, unconscious, the result of a fall of 15 feet, striking head first. There was a large hæmatoma over left parietal bone, and also a depressed fracture above left ear. Blood was oozing from mouth, nose and left ear; pupils widely dilated: convulsive movements of left side of body, but no movements of right side. Pulse weak and compressible, face pallid, and respirations shallow. She shortly began to vomit small quantities of bright red blood and rapidly grew weaker. Examination with

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