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**Original Communications.**

**COMPOUND FRACTURE OF CRANIUM.**

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John T.—, aged 10, a healthy lad, was crossing the G. W. R. bridge, James St., Hamilton, immediately after a train had passed, and as the smoke of the engine obscured part of the bridge, he fell through an opening where the side-walk had been removed by workmen repairing the bridge. The bridge is about twenty feet above the railway track. He was immediately removed to his home, a short distance from the bridge, and I saw him about twenty minutes after the accident.

The boy's forehead had struck against the rail, producing an irregular wound which extended across the integuments of the right side of the forehead. Blood flowed freely. A small portion of cerebral substance had escaped from the wound. The nasal bones were somewhat depressed. There was a small wound just below the inner angle of the right eye. The upper lip was torn through, and several teeth were broken; the lower jaw, right side, was fractured.

Upon examining the injury of the skull, it was found that the lower part of the right half of the frontal bone was fractured; a fracture running across the bone a few lines above the superciliary ridge, and from the junction of the outer and middle third of the ridge, another fracture extended obliquely upwards and inwards a little above the frontal eminence. The superciliary ridge was depressed upon the eye, and the bone was so much separated from the soft parts that it was easily removed with the orbital plate one such in depth. It was by this portion of the orbital plate turned upwards that the membranes of the brain had been lacerated. He was conscious when taken up, and answered questions about the accident. The bleeding being restrained, the parts were brought into apposition,

and sutures and adhesive straps applied; the external part of the wound was left open to permit the escape of discharges.

Pulse 80; skin cool; tongue clean; vomited twice while the wound was being dressed; pulsations are noticed above the right eye. Directed attendants to keep him quiet in a dark room, the head being inclined to the right side to favor the escape of discharges. The accident happened about 8 a.m., Nov. 13, 1866.

Nov. 13, 4 p.m.—Pulse 120, skin warm; has vomited several times since morning; complains of pain of head; slept a little; is perfectly conscious.

R Tinct. verat. virid 8 m. antimon., tart. gr. half. potass. nitrat. 2 scrup. mucilage acacie aquae, of each 1 oz. m. Two teaspoonfuls every three hours.

Nov. 14.—Slept at intervals through night; not more than an hour without waking delirious, though sometimes answers questions properly; complains of wound being painful; a slight discharge from the wound; pulse 140; skin warm and dry; tongue furred yellow; bowels not moved; urine passed without difficulty.

R Pil. hydrarg. extract col. co., of each 1½ gr. m., divide into two pills, to be taken immediately.

Tinct. verat. increased to 2 m. each dose.

Nov. 15.—Was restless since last report; sleep much disturbed; head painful; delirious at intervals; recognize acquaintances by the voice; the eyelids being so much swollen that they cannot be opened. In the delirium he speaks chiefly of events that happened a year ago. Pulse 96; tongue furred yellow; bowels moved freely; vomited this morning. Half dose of mixture to be given. Ordered to have milk.

Nov. 16.—Pulse 72; skin cool; tongue furred, moist; mental condition similar to that of yesterday.

Nov. 17.—Restless last night; more delirious, though sometimes recognizes those around him; pulse 90.