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CLINICAL LECTURES,

IN COURSE OF DELIVERY DURING THE PRESENT SESSION
AT GUY'S HOSPITAL,

BY BRANSBY B. COOPER, ESQ. F.R.S.

(Published with Permission of the Lecturer.)

MONDAY, Nov. 30, 1840.

LECT. V.—On Injuries of the Head; with Cases.

AFTER a short recapitulation of the subjects included in the preceding lecture, Mr. Cooper proceeded.

GENTLEMEN,—In some cases of injury of the head, you have a combination of the symptoms of concussion and compression. Thus the blow which produces a depression of bone, may also cause a concussion of the brain, the symptoms of which may go off after a time, leaving the patient apparently better, but still suffering from the more serious mischief. On the other hand, the effects of concussion may be such as to induce inflammatory action, the consequent effusion of lymph, or formation of pus, which in their turn may compress the brain, and give rise to all the serious symptoms which I have told you evidence that state. Sometimes the effects are less marked, there being general mental imbecility, or a simple loss of memory, the other intellectual powers remaining sound and unaffected. It is very peculiar to remark how this loss of memory is confined to the power of recollecting events which occurred shortly before the occurrence of the accident, or to mental acquirements of comparatively recent date. I remember the case of a woman in this hospital, a native of Wales, who completely lost all knowledge of the English language, which she had acquired; but spoke for some days in Welsh, and then, as she recovered, her knowledge of English returned. Persons seldom have any recollection of the accident itself, and this is particularly the case with regard to the railroad accidents which are now so frequently happening. There is a gentleman now present who was the subject of one of these, and all he could remember of it was, that they were going along very rapidly, and all at once he found himself upon the ground; another gentleman was thrown upon the hot cinders of the engine; and a third was hurled to a great distance, and found himself in the middle of a field of wheat, without the slightest idea of how he got there.

Now, gentlemen, let us consider the important question of trephining. Would you operate in a case of simple fracture of one of the bones of the cranium, merely because depression existed? There are many surgeons who would answer this question in the affirmative, and say that they operated in order to prevent the occurrence of compression,

and its dangerous consequences; but I would strongly urge you to be cautious, and to be quite certain of the existence of dangerous compression, before you convert a simple fracture of the skull into a compound one. You separate the pericranium by so doing, and separation of the dura mater necessarily follows, with effusion between it and the bone, and thus dangerous effects are produced by your operation, which might have never arisen spontaneously. Bear in mind the caution I gave you, when examining the head to feel for depression; make yourselves certain that it exists, and then decide as to trephining by the nature of the symptoms present. Even though there were some loss of consciousness, sensation, and the power of voluntary motion accompanying slight depression, I should try the effect of bleeding, purging, and mercury, as the same symptoms, the result of disease, are, we know, removable without the trephine. A large quantity of blood may be effused upon the brain, so that it be slowly deposited; or depositions of small quantities of blood may successively occur in several parts of the brain, with no other symptoms than those I have mentioned, and be relieved by the same treatment. A person of full habit, who is said to be predisposed to apoplexy, is walking in the street; he suddenly feels giddy, catches at something to support him, and falls. He is bled, purged, and put upon mercury, and after a time recovers, but complains at times of uneasy feelings in the head, giddiness, and occasional confusion in his ideas. He may have several such attacks; and after death little fibrinous clots are found within the skull, either upon the surface of the dura mater, or in the substance of the brain, proving that compression has existed, and its effects obviated by the treatment employed. Sir Astley Cooper remarked that there was a peculiar tenderness in the scalp in such cases, similar to that felt after the hair has been pressed the wrong way by the nightcap; and he has also noticed that this and the other symptoms are present in cases where ossific deposition in the dura mater has been found after death; but this may be owing to the same cause, for the ossification has in all probability been preceded by inflammatory action, the effusion of lymph, and the conversion of this first into cartilage, and subsequently into bone.

If you have stertorous breathing, paralysis, or convulsions, you are justified in trephining; but if only a partial destruction of sensation and volition, and there is no external wound, do not perform an operation, dangerous in itself, until you have tried the effect of bleeding, purging, and mercury. If the symptoms are not relieved, or if only for a time, being followed by a relapse, then you trephine as a last resource; but, I repeat again, in simple fracture, with compression, do not trephine unless very violent