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	PAGE		PAGE
MR. BRANSBY COOPER ON INJURIES OF THE HEAD.....	193	LEEDS GENERAL INFIRMARY—	
Cases of Diabetes, by Mr. Bree, Stowmarket.....	195	Cases by Mr. Teale .....	204
Dr. Pettigrew on the Pathology of Rabies .....	196	GUY'S HOSPITAL—	
PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION—		Employment of the Steam-Apparatus .....	205
Report of the Poor-law Committee, 1840 .....	197	ACADEMY OF MEDICINE, PARIS—	
PAROCHIAL MEDICAL RELIEF. THE POOR-LAW COMMISSIONERS		Double Popliteal Aneurism .....	207
CONSTITUTED INTO A BOARD OF HEALTH.....	199	Operations on Strabismus .....	ib.
MEDICAL JURISPRUDENCE. POISONING WITH ARSENIC.....	202	Death of Dr. Ryan .....	ib.
REVIEWS AND ANALYSIS OF WORKS—		Death of M. Esquirol .....	208
Mr. Quain on the Arteries .....	203	New Works .....	ib.
Dr. Houston's Catalogue of the Museum of the College of Sur- geons, Dublin, (Pathology).....	ib.	Correspondence.....	ib.
Dr. Imray's Cyclopædia of Domestic Medicine.....	ib.		

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, DEC. 7, 1840.

LECT. VI.—On *Injuries of the Head; with Cases.*

GENTLEMEN,—You will remember that at our last meeting I spoke at some length on the circumstances calling for the application of the trephine, or Hey's saw, in cases of simple and compound fractures of the cranium with depression, and where compression of the brain was produced by extravasation of blood, or the formation of matter. I warned you particularly against the rash and unnecessary use, or rather the abuse, of this operation, and stated that, even in some cases of compound fracture with depression, no urgent symptoms being present, it might be advisable to remain passive, only employing constitutional treatment to obviate danger of inflammatory action. Since then I have read a paper, by Dr. Hall, in a late number of the *Medical Gazette*, who takes a similar view of this question. This gentleman, however, goes much farther than I do; that is to say, he would abstain from operating in cases where I should not feel justified in doing so, under my present experience. He brings forward some very striking cases in support of his arguments; but I cannot help thinking that he has searched for these cases in support of a preconceived opinion, as, with the exception of one or two, they have not occurred in his own practice, and therefore must have much less weight than they would do had a similar number happened in the practice of a single individual.

I have hitherto spoken of the operation of trephining as called for soon after the occurrence of an accident; but it is also occasionally necessary, after the primary symptoms have been relieved, or altogether removed. Thus, there is a case related where Mr. Newberry, of Hempstead, removed a portion of the cranium six months after the injury. The patient had recovered from the immediate effects of the injury, but after some time became subject to fits of an epileptic character. Mr. Newberry represented to him the propriety of submitting to the operation; but he refused, till, finding himself getting worse and worse, he had sufficient sense to submit, and the consequence was that he was completely cured. A case somewhat similar also occurred in the practice of Sir David Dundas, the patient becoming exceedingly irascible, and at length quite insane. Sir David operated several months after the accident, and with

perfect success. Then there was Mr. Cline's celebrated case in 1800. He trephined a sailor in St. Thomas's Hospital, who had been perfectly unconscious for a little more than twelve months, and this man recovered all his powers of sensation and volition, and his mental endowments, but with the most perfect ignorance of any thing which had occurred from the period of the injury to that of the operation.—I shall now read you the notes of the case in Esther-ward, which will serve to illustrate many of the remarks I have endeavoured to impress upon you.

“ William Carring, a healthy child, three years of age, admitted Oct. 9, 1840. While playing with other children in Lant-street, Southwark, he was thrown down in the road at the time a horse and gig were passing, and received a blow on the left side of the head from the forefoot of the horse.

When admitted at a quarter to 3, P.M. there was a wound about three inches in length, extending backwards and outwards from the anterior part of the hairy scalp towards the upper part of the squamous suture. A small portion of brain was lying in the wound mixed with coagulated blood; and a circular piece of bone, about the size of a shilling, was depressed. There was another small wound, about an inch lower, which appeared to be quite superficial. Pulse 130, feeble; pupils dilated; surface of the body rather cold; the child appeared to be quite sensible; there was a great deal of tumefaction from effusion about the left eyelid.

Mr. Cooper having just quitted the hospital, Mr. Callaway was requested to see him, and considered it advisable immediately to remove the depressed portion of bone: for this purpose the child was placed on the operating table, and an incision two inches in length was made, crossing the original wound at right angles. The four flaps were then dissected back, and the cranium laid bare. A small portion of the external table was first removed with the elevator; a pair of dressing forceps was then passed under the depressed portion of bone, which was carefully removed; it was about the size of a shilling, the fracture of the internal being much more extensive than that of the external. At the posterior inferior angle of the exposed portion of dura mater was a wound about a third of an inch in extent, through which the brain had escaped; there was likewise a fracture extending downwards towards the base of the skull. On the removal of the bone the pupils directly regained their action, but no alteration in the pulse was perceptible. The edges of the wound were brought lightly together with adhesive plaster, a piece of dry lint laid over the wound, and the child conveyed to bed.