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	PAGE		PAGE
Mr. BRANSBY COOPER ON INJURIES OF THE HEAD.....	145	PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION—	
Dr. Black on Medical Reform	147	Appointment of Drs. Forbes and Barlow as Delegates	154
Dr. Chambers on Mercury in Incipient Consumption.....	149	Letter from Dr. McCabe	ib.
Mr. Valentine's Case of Hernia in a Child	ib.	The Medical Testimony in the Stockport Case of Poisoning, by John	
Mr. Bottomly's Cases of Hernia and Spontaneous Gangrene	150	Rayner, Esq. Stockport	155
MR. FARR'S LETTER TO THE REGISTRAR-GENERAL.		ANALYSIS OF ENGLISH JOURNALS—	
CAUSES OF MORTALITY	151	Sudden Delirium in Typhus	157
REVIEWS AND ANALYSES OF WORKS—		Looseness of the Teeth	158
Mr. Hocken on Amaurosis.....	153	Transfusion of Blood	ib.
		Indictment of a Quack	ib.
		Opium Eating	159

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. 23, 1840.

LECT. IV.—On Injuries of the Head.

GENTLEMEN,—In my anatomical lectures on the bones, I have described at some length the diseases and injuries to which they are liable, and have spoken of the fractures of all the bones; with the exception of those of the cranium, having reserved the latter for consideration in the clinical lectures, because I have several cases of considerable interest to make you acquainted with, and think you will understand the daily account of the symptoms of those cases much better, after I have expounded the general principles of surgery relating to such injuries; and on the other hand, these doctrines will derive additional interest and be more firmly impressed on your memory, by the particulars relating to each individual case.

Now, on the first general view of the subject of injuries of the head, we see that these accidents, more particularly fractures of the cranium, do not derive their danger by any means so much from the importance of the tissues implicated in the direct lesion, as from the risk of mischief to the brain. A mere fissure in one of the bones of the cranium is of itself not more dangerous than the same amount of injury in any other bone; but our anxiety is excited in all such cases because we know that the blow or fall which fractured the skull, may also occasion dangerous consequences from concussion of the brain; or by rupturing some vessel, and thereby causing extravasation of blood either into the cerebral tissue issue, or upon the membranes, in either case injuring the functions of the brain by compression. Again, though no immediate signs of compression or concussion appear, still we have to fear the supervention of inflammation of some of the tissues within the cranium, with all its consequences, as effusion, or suppuration. It is to the effects on the brain, then, that we look, in order to estimate the amount of injury received; and the most common of these effects are the symptoms denoting certain states termed concussion and compression. By concussion we mean a derangement of the cerebral functions, in which the powers of the mind and the external senses are more or less suspended, *not lost*, suddenly, in consequence of some blow or other injury, and this not necessarily dependent upon structural lesion of the brain, arising in many cases from mere extension of vibra-

tion from the cranium to its contents. By compression, on the other hand, we mean to imply that some pressure is made on the brain by a portion of depressed bone, or by extravasated blood, or matter, the result of suppuration, by which sensation and volition are annihilated.

In the first place, then, let us speak of concussion. What are its symptoms? These depend, in some measure, on its degree of intensity. A man receives a blow on his head, and he is what is commonly called stunned, losing his consciousness and powers of volition for a short time, but soon recovers, with the exception of a little giddiness or headache, which goes off after a few hours. If the violence received be greater, as in a fall from a height, or some very heavy blow, the patient lies in a state of insensibility, and after some little time in a kind of half stupor; if sharply questioned, he will, perhaps, start up and answer, though with an incoherent manner, and soon subside into his unconscious state. He is sensible of the necessity to pass urine or fæces, and will often get out of bed to do so. The surface of the body is cold. His voluntary powers are diminished, while those of the excito-motory system are increased. I cannot enter on this question here, but I will just say that an excito-motory nervous system, independent of the brain, has been shown to exist in connexion with the spinal marrow, and that the powers of this system are increased when the voluntary powers are diminished. Well, the patient may be lying, as if in a placid sleep, his respiration regular, and the pulse, which at the first was slow, soft, feeble, or intermitting, may have recovered its natural standard, and his state may appear so comfortable that there appears to be very little the matter. But you find that on any, even the slightest excitement, as his getting up to pass water, or your rousing him with questions, the pulse becomes rapid, and the breathing hurried, and the whole manner confused and uncollected. He will either gradually recover from this condition, or pass on into what I shall presently describe as the stage of reaction. We sometimes have more severe cases than that I have just spoken of, there being a very great loss of power, even approaching to collapse. The person is completely insensible and motionless, his pulse intermitting or scarcely perceptible; the extremities or whole surface pale and cold; the countenance pallid, and the respiration heavy and laboured. He may never recover from this state—the whole powers of the system are prostrated by the injury—or after a time reaction will come on, the pulse and respiration becoming more regular and fuller, and some warmth returning to the surface. Sensibility to external impressions is also in some measure re-established, and he lies in the half-stupid state I just now described, getting up and making water probably, but quite insensible to what