

CONTUSED WOUND OF THE HEAD: IN- TRAMENINGEAL SUPPURATION: TRE- PHING: DEATH.

BY SURGEON D. BASU,
Officiating Civil Surgeon, Faridpur.

Toposy Mundul, Hindu, aged 50, was admitted into the Faridpur Dispensary on the 22nd of April last.

On the 19th idem he had received a blow with the handle of a pickaxe on his head about the left parietal protuberance. On receipt of the injury he became insensible for a short time, regaining his senses after a few hours. He enjoyed perfect health before this accident. There was a good deal of bleeding from the wound at first.

On admission he was found to have a contused wound $5\frac{1}{2}$ inches long, $1\frac{1}{2}$ inches broad, $\frac{3}{4}$ of an inch deep. The bone was exposed and denuded of periosteum for about 2 inches. The wound was in a sloughy condition. He had no fever: no pain in the head; his tongue was moist and fairly clean: bowels regular and appetite pretty good. The wound was cleaned and washed with carbolic lotion, and a piece of carbolic oil dressing applied. Under this treatment the wound progressed favourably and granulations sprang up, covering a portion of the bone. On the 24th, secondary hemorrhage took place from the posterior angle of the wound, which was stopped by alum powder: ligatures could not be applied owing to the softened condition of the structures. The wound bled again on the 25th; and on the 26th he got a strong attack of fever with headache and irritability of the stomach. The wound continued to do well.

Head was shaved and cold lotion applied, and a mild diaphoretic mixture and spoon diet ordered.

27th.—Fever came on at 12 noon. Stomach irritable, cannot retain food. Continue.

28th.—Fever less, painless: irritability of stomach as before.

29th.—Slight fever; no vomiting; no appetite: wound looks well. Continue mixture with Chloric ether \mathbb{M}_{xx} . to each dose.

1st May.—Had fever with shivering at $10\frac{1}{2}$ A. M., and again at 3 P. M. Continue milk diet.

2nd.—Had fever with shivering last night. Quiniae Sulph. gr. x. at 6 A. M.

3rd.—Fever came on at $3\frac{1}{2}$ A. M. Wound looks pale and suspicious, but no pain in the head.

4th.—Had fever again at 11 A. M.; there was bleeding from the wound last night. Pulse small and weak. Ammonia and Ether mixture every 3 hours.

5th.—Was restless and delirious last night: skin warm and moist; pulse small, soft and frequent. Cannot articulate well: is in a semi-conscious state: cannot move his right limbs. Right arm rather rigid. Pupils normal; wound pale and without secretion.

The above general and local symptoms pretty well indicated that there was pressure, on the brain, of products of inflammation, probably of pus. So the question of trephining was taken up, and the circumstances were explained to the friends of the patient, and with their consent the operation was undertaken at about 11 A. M. On removing the piece of bone the dura mater was found to be covered with lymph, but this did not quite account for the symptoms of pressure, besides an indistinct fluctuation was felt beneath the membrane, which was slightly incised when a little matter oozed out. Thereupon the incision was carefully enlarged on a director, when about 6 drachms of thick yellow matter flowed out. The cavity was then gently washed with carbolic lotion and a narrow bit of cloth soaked in the lotion was inserted into the mouth of the wound, and a light dressing applied. Cold lotion, ammonia and ether mixture continued, country wine 6 oz., and milk and sago diet.

After the operation, pulse 120, soft and weak: respiration 40. Symptoms remained apparently as before.

6th.—Is in a semi-comatose condition. Pulse weaker than yesterday: respiration 38: skin moist and warm: eyes half open: pupils rather contracted: right, upper and lower limbs completely paralyzed. Has got paralysis of the bladder: had one motion: is groaning: can swallow with difficulty. No more pus escaped from the wound, which looked sloughy.

Death took place at 1 P. M.

Unfortunately no post-mortem examination could be held, as the body had been given away to the patient's friends, 13th May, 1880.

POST-MORTEM APPEARANCES IN A CASE OF RAPE.

BY SURGEON D. BASU,
Officiating Civil Surgeon, Faridpur.

The body of a Mahomedan girl of about 9 years was examined by me on the 28th of April last. The girl had been ravished by her husband, a robust young man. The body was fairly nourished, but was rather decomposed: had marks of dried-up blood on both her lower extremities.

There were marks of bruises on the left shoulder, both arms about the elbows, on the groins, and about the external genital organs. The internal organs generally appeared to have been healthy excepting the left lung, which was somewhat congested and adherent to the thoracic walls by pleuritic bands. The uterus was small, and measured about $1\frac{1}{2}$ inches long, and was healthy. The vaginal canal measured about 3 inches in length, and allowed the thumb to go in at its upper part: was deeply congested. The posterior wall showed a rent which allowed the thumb to go through. A portion of the small intestine was found to have entered the vaginal canal through this opening. There were a few small blood clots on the inner surface of the lower part of the vagina. The posterior commissure of the vulva was torn down to the very margin of the anus, but the sphincter muscles of the anus were not torn.

The husband acknowledged that he did have forcible intercourse with his wife.

Faridpur, 14th May 1880.

NOTES OF A CASE ATTACKED BY AN ELEPHANT: DEATH AND POST-MORTEM APPEARANCES.

BY ASSISTANT-SURGEON JAI SINGH, L.M.S.,
Base Hospital, Peshawur.

On 12th February, at 12-30 P. M., I was called by a policeman to see a Cashmeri youth, about 16 years of age, who was injured by an elephant in front of the Field Commissariat Godown. On reaching the spot I found him in a semi-conscious state, and groaning as if in great pain. On examining him, I found the left side of the chest almost crushed in, the 3rd, 4th, 5th, 6th, and 7th ribs could not be felt on that side, and in their stead a large bulging air-bag was seen, which even extended to the back of the chest as far as the spine. This air-bag bulged and retracted with respiratory movements. A small opening, about $\frac{1}{4}$ th of an inch in diameter, was seen about two inches below and an inch to the outer side of the left nipple, and from the opening blood was issuing freely, and the air was drawn in and forced out through the same aperture in accordance with the respiratory movements. There was an ecchymosed patch, about two square inches in extent, in the left supra-scapular fossa, and a smaller one near the left nipple to its inner side; the respiration was spasmodic and quick.

He was at once brought to the Native Base Hospital, Peshawur, for treatment.

Cold water was thrown upon the left side of the chest to stop the bleeding, and after a while a long broad piece of sticking plaster was wrapped round the injured side and a broad calico bandage applied over it; a grain of opium with one drachm of Liquor Ammoniae Acetatis in a small quantity of water was administered. Cold water was given to relieve the thirst. His body was cool; pulse 120 times in a minute, very weak; respiration 42 times in a minute; pupils normal. After the administration of opium restlessness was much abated, but the same difficulty in respiration continued. At 2 P. M. he continued in the same state; understands questions but cannot give a clear answer owing to forcible and spasmodic respiration. Another grain of opium with Liq. Amm. Acet. and water given.

3-30 p. m.—Pulse 120, very weak, almost imperceptible; respiration 96. Restlessness has again come on and emphysema has extended to the other side of the chest, and has now commenced to spread over the abdomen and neck. Medicines continued.