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ONE CASE OF COMPOUND DEPRESSED FRACTURE OF THE SKULL AND ONE OF A BULLET-WOUND IN THE BRAIN.

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ALMOST every personal experience should be of interest to us all, inasmuch as it may clear up some doubtful point and produce a clear mental picture of what is the best treatment in subsequent similar cases; moreover, familiarity with similar cases better prepares one to undertake measures in their management which one would shrink from doing were they few or seldom reported. Timidity and conservatism in surgery are accountable for many deaths; especially is this true in places remote from the large cities and hospitals. It is, however, gratifying to reflect that now these conditions obtain less than formerly, since antisepticism and improved technique are on a scientific basis. It is mainly for the purpose of emphasizing the facts alluded to that this case is reported.

On June 13th of the present year, at about 1 o'clock P.M., Fred D., eleven years of age, well developed and of healthy parentage, on going into the barn was kicked on the left side of the head by a mule. His father hearing the noise, hastened to the barn, lifted up the boy and carried him to the house, where I saw him about an hour after the inception of the injury. He was then in a semi-conscious condition, but would answer questions on being aroused; the pupils were of equal size and reacted to light. There was no noticeable paralysis, but espe-



cial examination was not made to determine accurately as to the existence of paralysis or paresis. Inspection showed a two-and-one-half inch elliptical scalp-wound, one-and-one-half inches to the left of the median line and one inch behind the Rolandic region, with its convexity outward and forward, and a depressed fracture of the left parietal bone. The condition of the parts was explained to the parents, and operation to relieve the pressure advised, which was assented to. It was noticed that the symptoms of cerebral compression were increasing, and on two or three occasions convulsions seemed imminent.

The field was prepared for operation by washing with soap and water, then shaving around the wound for two or three inches (his hair was very short, having been cut on the previous day, and for this reason a larger area was not shaved) after which it was washed thoroughly with an antiseptic solution.

Under chloroform-anesthesia the scalp-wound was enlarged by carrying the incision toward the median line, thus making a flap which could be reflected and the fracture exposed. The bone was depressed about three-eighths of an inch below the external surface of the outer table; it was about three-fourths of an inch wide and one inch long, and beveled at the expense of the inner table. The depressed portion was comminuted and was wedged so tightly that it could not be elevated without trephining or otherwise enlarging the opening. Bone-nawing-forceps was used in preference to the trephine, as less bone would thus be sacrificed. The depressed fragments were now loosened and removed; considerable force was required to separate the bone from the dura. The dura was of a bluish-white tint and uninjured. Pulsations were perceptible. The sharpened edges of the bone were rounded off, the parts thoroughly irrigated, a small drain of iodoform-gauze placed in the wound, and the scalp-wound closed with interrupted

silk sutures, the ordinary antiseptic dressing applied and he boy put to bed in good condition.

At 7.30 P.M. the temperature was 99.5° and the boy was resting well, excepting for a little pain in the head and soreness from bruises on other parts of the body, received at the same time as the head-injury. At no time during the period of convalescence did the temperature rise above 99.5° ; it was normal after the first three or four days.

The scalp-wound healed by first intention, and there was no suppuration except from a stitch-abscess; the drainage-gauze was removed on the second day, but as a small quantity of limpid fluid collected each day, a small wick of gauze was put in at each daily visitation, until June 28th, when the wound was allowed to close. Recovery was rapid and uneventful.

I believe that all depressed skull-bones should be elevated, and especially if the outer surface of the external table is on a level with or below the visceral surface of the inner table, even if no symptoms of compression or irritation are present; for subsequent trouble, such as severe headache, mental hebetude, or even epilepsy and insanity, often ensue from the irritation of the depressed bone.

The adage that "misfortunes never come singly" seems to be verified in regard to fractures of the skull for this locality—the case just reported being the fourth that has come under my observation within the last few months.

The first of these cases, seen in consultation, was remarkable, inasmuch as the majority of cases of like severity generally prove fatal in a few minutes. The patient, a healthy and well-developed man of about thirty-five years, was shot about two inches behind the left ear with a thirty-eight caliber revolver, on September 9, 1893, the ball passing a little upward and forward through the brain, and glancing when it reached

the opposite side of the skull. The man was unconscious for several hours and semi-conscious for two or three days.

Immediately after the injury the wound in both the scalp and the skull was enlarged and fragments of bone and foreign objects removed. Search was made for the ball, but without avail. The nozzle of a syringe was introduced along the tract of the ball for the distance of six inches, and the parts well irrigated, after which the wound was lightly plugged with antiseptic gauze and the man put to bed with an ice-cap to his head.

The shooting occurred early in the morning, and in the evening at 9 o'clock another unsuccessful search was made for the ball, after which the tract was again irrigated and plugged with antiseptic gauze and the ice-cap applied. At the time of and before both these operations considerable brain-substance escaped; two ounces, I think, constitute a low estimate of what was lost.

The parts healed by granulation, and recovery was slow but uneventful. No sequelæ remained to locate the ball, and the only evidence that the brain had been injured was some impairment of hearing and of visual acuteness, both of which gradually improved up to the normal or nearly so.

The man is at present doing manual labor and is in perfect health, notwithstanding the fact that he carries a bullet somewhere in his skull-cavity, from which he suffers no inconvenience.

