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A Practical Essay on
Hemeralopia, or Night-Blindness
commonly called
NYCTALOPIA.....

By

R.W. Bampfield.
1812

CASE
OF
ABSCESS IN THE BRAIN.

By ALEXANDER DENMARK, M.D.

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COMMUNICATED BY

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HOSPITAL.

Read November 9, 1813.

JOHAN BAYNES, aged 18 years, was admitted a patient of mine, from his Majesty's ship *Fylla*, on the 8th of last August, for inflammation of the right ear, attended with purulent discharge, but without fever. In the course of a few days the discharge ceased, merely by the use of purgatives and some topical lotions. On the 13th he complained of acute lancinating pain, confined chiefly to the top of the head, with a hard pulse, at about 100, and other symptoms of pyrexia. He was bled to 16 ounces, and had a purgative draught.

14th. He had epistaxis during the night; the headach was relieved, but not removed; the tongue furred.

16th. The symptoms continuing, the bleeding and purgative were repeated.

17th. After shaving the head I discovered a puffy diffused swelling over the whole of the right parietal bone. He recollects having received a blow upon the same part of the head, upwards of twelve months ago, with a piece of wood, which merely stunned him, without producing further subsequent inconvenience; but thinks the discharge from the ear might be dated from that period. Bleeding repeated.

18th. A restless night with occasional delirium; white tremulous tongue; sense of chilliness; skin preternaturally hot; pulse 110; and hard tumor of the scalp not much elevated, but perfectly circumscribed and puffy, with acute pain on the slightest pressure. I made an incision through the tumor, five inches in length, down to the bone, when a very small quantity of pus issued. Several enlarged arterial branches were divided, from which between 20 and 30 ounces of blood were extracted, with the immediate effect of reducing the pulse in frequency, rendering it soft, and the patient tranquil and rational.

19th. He slept a good deal during the night; the countenance was improved, and the delirium lessened.

20th. Had a return of restlessness; the pulse was 90 and strong, and the wound in the scalp painful, with scarcely any suppuration. A purgative was given, and a blister was applied to the neck.

21st. Was seized with convulsions last night, and has at present paralysis of the left arm, and retraction of the right angle of the mouth, with, at times, mild delirium; in the evening the bowels were open, but in other respects he continued the same.

22d. Passed a restless night, but without convulsions; pulse nearly natural; a very trifling aberration of intellect; complains of headach, and the tumefaction of the scalp appears more general, retaining the impression of the fingers. The pericranium is now evidently detached on each side of the incision. I made a crucial incision across the sagittal suture, and downwards nearly as far as that of the squamous. I found the pericranium separated upwards of two inches; the bone was white, but seemingly deprived of nourishment, as no blood appeared on scraping it. The left arm was still paralytic—I applied the trephine close to the sagittal suture, and found the dura mater covered with pus, which also flowed through the suture during the operation. The discharge was so highly foetid, as to be noticed by the patient, and seemed

to be occasioned by a carious state of the diplöe, which was somewhat black and much thickened. The operation was succeeded by a partial removal of the paralytic affection, and an alleviation of every bad symptom; in which state of amendment he continued until the 25th, when he was again attacked with fever, with full and strong pulse.—Had a bolus of jalap and calomel.

27th. A restless night with occasional delirium; acute pain extending along the whole course of the spine, from the occiput to the sacrum; a thin purulent discharge, with a very unhealthy appearance of the dura mater.

28th. Restless, with white tongue, hot skin, delirium, and torpid state of the bowels. Complains much of the pain in his back, especially on every attempt to move himself from the horizontal to the erect posture, when the pain is so acute as to make him scream out most violently: he describes it as darting from the sacrum to the back of the head. The bolus was repeated.

29th. More sensible, but restless; cannot bear the smallest elevation of the trunk. An opiate was given at bed-time, and on the following day the purgative bolus was repeated.

31st. Features shrunk; countenance lurid; lips purplish; eyes half closed and glossy; pulse small

and indistinct, with low muttering. From this state he was roused in the course of the day by stimuli; but he relapsed into it, became delirious, was affected with subsultus tendinum, and porracious vomiting; and in this way continued until the evening of the 3d of September, when he died.

Dissection.

The pericranium was detached from the whole of the superior part of the right parietal bone. During the sawing through the skull on the right side, several ounces of thin pus and bloody serum gushed out. On lifting the skull, a considerable quantity of purulent matter was found lodged between it and the dura mater; chiefly over the right hemisphere, but also extending for a short way over the left. This matter was traced downwards to the petrous portion of the right temporal bone, between the dura mater and skull, and appeared to have issued from a small circular ulceration of about two lines in diameter, in that membrane, immediately over the posterior lobe of the right hemisphere. This was confirmed by making an horizontal section of that lobe, two inches below its surface, which discovered an ulcerated cavity, one inch and an half in diameter, with indurated parietes, full of pus, and communicating with the aperture above in the dura mater. The form of this ulcer being

that of a cone, or inverted funnel, seems to shew that the ulcerative process commenced in the brain. There was another ulcer posterior to this, but it affected merely the cortical substance of the brain, and had not corroded its membranes. These were posterior to the perforation made by the trephine, through which the matter had free egress. On lifting the dura mater from the brain, there were adhesions, and a great quantity of pus between the right hemisphere and falciform process. This was accounted for by supposing it to be a part of that secreted in the ulcers before described, which instead of passing through the eroded part of the dura mater, had pervaded the easier course between that membrane and the pia mater. The ventricles were enlarged and filled with serum, which, from the appearance of these cavities, and of the plexus choroides, had not been long deposited there. The communication between the lateral ventricles, under the fornix, was large and distinct. There was pus lodged on the right side of the tentorium cerebelli; and the dura mater on the right temporal bone was detached, thickened and diseased. The cerebellum was sound, but imbedded in thick pus, some ounces of which lay upon the dura mater, investing it, and consequently immediately in contact with its under surface. The adhesions of the dura mater to the foramen magnum were natural and firm; but the pus seemed to descend between that membrane and the medulla oblongata, which had lymph adhering to it,

as had every part of the membrane described to have been in contact with pus: namely, the whole space outside the dura mater down to and over the pars petrosa of the temporal bone: and that which was inside the dura mater from the ulcers downward, along the right side of the falx to the tentorium, and extending on the inside of the dura mater, as far as the foramen magnum. It, was a thick layer, not separable by simple ablu- tion, but easily rubbed off with the fingers.

I now sawed out a piece from the bodies of the three lowermost lumbar vertebræ, when, as I had anticipated, a quantity of pus flowed out from between the medulla spinalis and its membranous investment; and still more copiously on raising the upper part of the trunk. Here the inside of the tunic also evinced the appearance of ad- hering lymph. There was no vestige of fracture in the skull, but the diploë of part of the right pa- rietal bone was darker coloured than natural, and was somewhat thickened, as if undergoing inci- pient caries. The tables were sound.

Remarks.

What appear to me as peculiarities in this case are; the supervention of disease at so unusually late a period as twelve months after the infliction of a blow, which at the time seemed to have oc- casioned very little inconvenience; the symptoms

of inflammation commencing immediately after the cessation of the discharge from the ear, and the ulceration of the brain so quickly succeeding to this change; but most particularly, the intolerable pain occasioned by the insinuation of the matter between the medulla oblongata and its investing membranes, down to the very extremity of the spine; a symptom, which, as far as I recollect, has not been hitherto noticed, and which in this case has been clearly manifested by the dissection. The pus between the cerebellum and dura mater was in considerable quantity, and after having found its way thither, obtained an easy passage onward; for I cannot suppose it was secreted there.

The pathology of this case is more interesting than any practical inductions that may be drawn from it; because I believe its cure was beyond the art of surgery. On this point, however, I would beg to speak with great diffidence. Having copied the case from the notes taken at the bedside, and endeavoured simply to delineate the appearances as they presented themselves on dissection, I am desirous of leaving all comments and deductions to my more experienced brethren.

Royal Naval Hospital, Sept. 20, 1813.

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