COMPLETE FISSURED FRACTURE OF SKULL.

By Captain K. B. Gore,
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Gunner M. K., aged 29, was admitted to hospital on July 22, 1931, with an injury to the head from a hockey stick.

On admission the patient was in a drowsy condition but understood what was said to him. He could not speak, but could put out his tongue when asked to do so. There was a swelling over the left side of head and face, particularly over the zygoma. The left eye was completely closed and
discoloured. There was slight bleeding from the nose although there was no visible injury to it. No discharge from the ear was noticed. The motor functions were normal and reflexes, superficial, deep and organic, were present. The heart beat was slow; pulse slow, regular and full.

He was left at rest in bed, an ice-bag was applied to the head and a hot-water bottle to the body.

On July 24 the patient looked bright and was completely conscious. The left eye could be opened and showed subconjunctival haemorrhage. The
left pupil was contracted and did not react to light. Aphasia was complete.

X-ray examination on July 27 showed a fissured fracture extending almost completely around the vault, passing through frontal, parietal, and occipital bones. The swelling over the left side of head was much reduced. When the patient was asked to put out his tongue he could do so, but it was noticed that at the commencement of the act the tongue deviated to the left, later assuming the normal position.

Ten days later the general condition had much improved. There was definite pain over the left temporal region.

The patient was put on potassium iodide, ten grains, t.d.s. On August 7 swelling over the head and face was not noticeable. The left pupil was slightly contracted and reacted to light. He could move his tongue and emitted some indefinite sounds. A week later both pupils were equal and reacted to light and accommodation. On the 25th he was able to articulate a few disconnected words, but only with difficulty and very slowly.

By September 10 he had regained the power of speech, but articulation was slurred during conversation. He complained of pain over the left temporal region on deep pressure. X-ray showed bony union.

My thanks are due to Lieutenant-Colonel H. P. Hart, M.C., R.A.M.C., for allowing me to publish this note.

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**Travel.**

**BY RAIL AND ROAD IN INDIA.**

**BY MAJOR L. B. CLARKE,**

*Royal Army Medical Corps.*

*(Continued from p. 385.)*

**III.—The North.**

Official tours were made in the month of November to Jhelum, Abbottabad, and Campbellpore, and at Christmas time a three weeks' leave enabled one to visit Lahore, Delhi and Agra.

The run of 175 miles to Lahore was done in five hours, and here one was entertained by friends for four days. Lahore, the capital of the Punjab, is a cheerful and pleasing town, with much going on. It is well laid out, with many European shops, fine avenues of stately and shady trees, public parks and gardens and a Gymkhana Club, which is housed in perhaps the finest building of its kind in the East. Two durbar halls belonging to the Government are used, one a large ball-room with ceremonial staircase, beneath which a Club band containing an exiled Russian prince discourses.