

Yale University

## EliScholar – A Digital Platform for Scholarly Publishing at Yale

---

Yale Medicine Thesis Digital Library

School of Medicine

---

1-1-1861

### Dissertation on concussion of the brain

Horace Philo Porter  
*Yale University.*

Follow this and additional works at: <https://elischolar.library.yale.edu/ymtdl>



Part of the [Medicine and Health Sciences Commons](#)

---

#### Recommended Citation

Porter, Horace Philo, "Dissertation on concussion of the brain" (1861). *Yale Medicine Thesis Digital Library*. 3827.

<https://elischolar.library.yale.edu/ymtdl/3827>

This Open Access Thesis is brought to you for free and open access by the School of Medicine at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Yale Medicine Thesis Digital Library by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact [elischolar@yale.edu](mailto:elischolar@yale.edu).







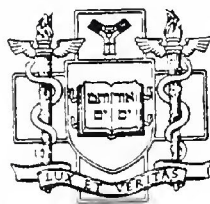


Digitized by the Internet Archive  
in 2017 with funding from  
Arcadia Fund

[https://archive.org/details/thesesformd1842100yale\\_15](https://archive.org/details/thesesformd1842100yale_15)

Harvey Cushing / John Hay Whitney  
Medical Library

# HISTORICAL LIBRARY



Yale University





1961



Archives

T113

Y11

1861



Conception of the Brain.

By

Horace, Philo, Porter



Concussion of the brain may be defined as  
to a shaking, commencing with a violent  
or an explosion, the apparent loss  
of structure.

The Brain is enclosed in a capsule of  
the shape of a flattened oval in form,  
which are some what variable in  
the young subject, and it is evident that if  
any of the diameters of this cavity are material-  
ly altered in length the Brain must suffer  
some violence.

When a blow or a gun is received directly  
upon the head or indirectly through the spine  
if not of sufficient violence to destroy the con-  
nium the walls of this cavity undergo a cer-  
tain number of vibrations or means of which  
its diameters are altered in length and the  
Brain suffers concussion. The may, or of an  
degree producing temporary immobility, con-  
vulsion of limbs or even death.

Concussion may be divided into three stages,



Stage of Prostration Reaction and excruciating  
tension, this in the first stage the patient is  
usually an injury upon the head is found  
being motionless and unconscious, insensibility  
is however not complete if the symptoms in  
a word called the Brain will recover is and  
if the concussion is slight he may answer some  
monosyllabic pain will be manifested by pinching  
the skin or by tickling the nose of the feet.  
The pupils of the eye are some being dilated  
one dilated and the other contracted or the  
normal Respiration is slow and irregular  
the pulse is rapid small and fluttering the  
skin is pale shrunken and covered with  
a cold clammy sweat. The patient may  
remain in this state for an indefinite length  
of time generally but a few hours and till  
of syncope or Nausea and vomiting come on  
and the disease passes in to the second stage  
that of Reaction. In this stage the pulse  
diminishing in frequency and increasing in

Respiration is more easy, and it may be a good  
occasional warm the junctions of the vessels are  
restored to their natural state, with the exception  
of a little dulness of intellect for a day or two,  
and diseased action be excited, or it  
may cross the bounds of Health and Inflammation,  
Fever, Remittent, come on such as fever, with  
in the Head a hot skin a rapid hard pulse  
the eyes blood shot, restlessness and delirium  
and all of the symptoms of Inflammation of the  
Brain, or it may be a more violent inflammation,  
Epilepsy. The Injuries most likely to be accom-  
panied with concussion & compression of the Brain  
in compression the insensibility is more complete  
the Brain cannot respond to stimulus, applied  
to any of the organs of special sensation.  
The louder voices are not heard, stimulus applied  
to the nostrils produce no uneasiness in the rest  
of the patient the pupils are not drawn up, and  
enlarged the Pupils are larger, dilated and in  
this injury there is a violent appearance of  
from the absorption of these vessels, and

Some of the more part may be and often I think  
may have the tendency of discharging the air  
from out of the middle ear. Retention of urine  
from swelling of the muscular coat of the bladder  
and the tenacious breathing of the diaphragm  
about the soft pallet. These are the prominent  
causes of well marked cases, so long as  
the symptoms of such injuries are so mixed together  
that it is difficult to distinguish which are most  
prominent in quite a large number of cases the  
symptoms of concussion are common after those of  
concussion have passed off, or when a small  
bullet has not been captured within the cavity of the  
cranium by its action following the force  
of protrusion in concussion the blood flows more  
rapidly through the arteries. Hemorrhage occurs  
within the skull which would be a prominent  
complication to the case.

Prognosis in the case of a terminal galactophyllitis  
will take place either in the first stage or the  
last in the first as before mentioned, or  
syncope or in the last from inflammation.



Some of its symptoms, the time being after the  
fracture, & usually have occurred the patient  
not coming with paralysis, & a time or two of  
deafness in one or both ears, dizziness, vertigo,  
and many other symptoms of the nervous  
system, some of which may be permanent, & some  
intermittent, & of the occurrence.

But most of the appearances of the case have  
been one of simple concussion, & the  
and the patient died in the first stage, but  
we'd be no signs of inflammation, but  
in most cases which are diagnosed and  
treated as concussion the Brain will be found  
to be slightly lacerated, or perhaps lacerated  
in some sort of its surface, & sometimes,  
a bruised appearance of the patient die,  
from the effect of inflammation, & this is an  
one may have one of the appearances  
resulting from this disease.

Treatment has done in the subsequent  
stages in the <sup>first stage</sup> patient brought in and



rather as some of the earlier work could  
be repeated at the same time, and  
by the change of position, by the  
of the body in the air. And at a  
last resort artificial respiration may be  
tried. With these means we may expect  
to carry the patient through the first stage  
in a large proportion of cases.

When reaction commences, we should  
withdraw our stimulus, as they would  
not only tend to increase the stability  
of inflammation. The patient should be allowed  
to remain as quiet as possible in a cool  
air, and be served some liquid to remove  
unnecessary noise and in one way a  
mild laxative given. She for years can  
now wait the further progress of nature  
of any disturbing medication at this time  
is contraindicated.

She gradually recovers without unusual  
action passing into the third stage &

incurred or debauched from all disturbing,  
influences whether mental, moral, <sup>or</sup> physical  
for some time after he is a patient of well.

If the disease which in the second stage  
crossing the bounds of <sup>health</sup> and inflammation  
is set up in the Brain or its membranes  
then a more active course of treatment  
than any before mentioned in this treatise  
will or required could should be more  
assiduously applied to the head either by  
evaporating lotions irrigations or bladders  
of ice the hair should be shaved off that  
the remedy may be more efficient  
Bleeding either general Local or sometimes  
both will be required in almost all  
cases followed by some active cathartic after  
the operation of this we may commence  
giving calomel in small doses and frequent  
by repeated opium guarded by Dr emetic  
is a valuable remedy but should be carefully

rationed. I do not see it if said succeeded  
well in the hands of some practitioners but  
I do not think <sup>we</sup> had better be too hasty  
in giving up the older plan of treatment  
Stimulants of all description should be rigidly  
withheld from the Patient and could be  
drinks substituted in their place.

The diet should be of the lightest kind consisting  
of simple Gruel, Gum water arrow-root &c  
If the symptoms begin to mitigate we should  
gradually withdraw our antiphlogistics but not  
do so suddenly. As the Patient gradually  
recovers care should be taken to prevent the  
~~patient~~ <sup>him</sup> from exercising his mental faculties  
by talking or worrying about his business affairs  
and he should be told and if possible made to  
believe that his head is his weakest part  
and if he trifles with it now he does it  
at his peril.

If coma comes on during the inflammatory stage  
caused by affusion the head should be covered



a large system and all of the secreting and  
excreting organs set rapidly at work  
by diuretics diaphoretics and hydragogue cathartics.

If Paralysis of a limb is left it may be treated  
by cups or leeches to the spine over the origin  
of the nerves supplying the part affected these  
followed by Blistering - and daily friction, and  
also passive motion of the limb applied  
in such a manner that all of the muscles  
may be brought into action

in all cases where <sup>there</sup> is no inflammation acting,  
as a cause of the Palsy Strichnine may be  
tried it may be given in Pitt's solution  
or applied to a blistered surface

The deafness and amaurosis following this  
disease are to be treated up in general principles  
They are generally obstinate if of long standing







YALE MEDICAL LIBRARY



3 9002 08670 4781

Accession no. 23007

Author

Yale Univ.

Theses in Doctor  
of Medicine

Call no.

Archives

T113

Y11

1861



