

the right of fracture, and about two drachms of pus evacuated, but he died in 16 hours after the operation. At the autopsy an abscess cavity was found about half an inch to an inch below the cerebral surface at the seat of fracture, extending forward and inward about four centimetres from the surface, while its anterior posterior diameter was about two centimetres and a half, and its vertical scarcely more one centimetres. Around this cavity there was a wide area of softening. Dr. Phelps remarks that at no time in this case did the dura mater lose its integrity, and that the abscess had no topographical connection with the fracture. The paralysis and anaesthesia were evidently due to the cutting of communication by giving way of the softened fibres in the centrum ovale. He is inclined to regard central cerebral abscess as a result of contusion by *contre-coup*, and the later softening he believes may be caused by pyogenic germs which escape through the blood vessels and find their way to the contiguous tissue whose nutrition has been altered by the abscess pressure. He considers that if we are ever to recognize the early symptoms of contusion passing into abscess in time to be of any service to the patient, it must be by minute and methodical investigation, both before and after death, and extending over a great number of cases.

A CASE OF TRAUMATIC EPILEPSY ; OPERATION ; RECOVERY.

In the "New York Medical Journal," March 29, 1890, Dr. J. C. Reeve publishes the case of a boy, aged nine years, who was tramped upon by a horse, and received among other injuries a compound comminuted fracture of the right parietal bone. The loose fragments were removed and the patient remained well for two years, when he became epileptic. An operation was performed seven years later, November 20, 1888, which consisted in separating the scar tissue from the seat of the former fracture, an oblong space, where bone was entirely absent. He remained well till May 3, 1889, when three convulsions took place in one day, attended with fever, which attack was considered of malarial origin, but no convulsions have occurred since.

FRACTURE OF THE SKULL.

In a communication to the "Boston Medical and Surgical Journal," April 10, 1890, C. B. Porter, M. D., places on record the following histories :

CASE I.—Patient supposed to have been struck by a fast moving railroad train, sustained an extensive compound

comminuted fracture of skull on right side. The parts depressed were portions of the sphenoid, temporal, frontal and parietal bones. There was no paralysis. Elevation and removal of portions of the bones under strict antiseptics resulted in a speedy recovery.

CASE II.—Patient with a compound fractured skull presenting a depressed area one and a half inches by one and eighth inches in size, cracked through the middle and located to right of median line, and just behind the coronal suture. There was no paralysis, and after the fragments had been removed he made a good recovery in a month.

CASE III.—This patient received a pistol-shot wound of forehead (22 calibre) above eyebrow. There was temporary unconsciousness followed by aphasia and paralysis of right arm. Sensation not affected. (?) Non-interference was decided upon and in 24 days after the injury, he was practically well.

Dr. Porter attributes the success of these cases to the thorough antiseptics employed. In speaking of the treatment for simple comminuted depressed fractures, he rather condemns the practice of waiting for symptoms before operating, and says, "should not surgery in this dangerous class of cases take 'preventative trephining' as its motto, relying on modern antiseptic precautions to bring to a successful issue cases which had lead many times to worse than death?"

THREE CASES OF CEREBRAL TUMOR, WITH AUTOPSY.

By James J. Putnam, M. D., "Boston Medical and Surgical Journal," April 10, 1890.

CASE I.—Male, aged 39 years. Symptomata: Intense and incessant headache, almost exactly corresponding with situation of tumor; one well marked attack characterized by partial loss of consciousness and convulsive movements, limited to the left shoulder; double optic neuritis, much more intense on the side of the tumor. Subsequently the left arm and leg became weaker than the right. In six months the case terminated fatally, and at the autopsy a sarcomatous tumor was found involving the posterior half of the right middle frontal convolution. It measured two and a quarter by one and three-quarter inches, the longest diameter following the length of the convolution.

CASE II.—A gentleman, aged 58, without any history likely to have led to present illness. His symptoms were alteration of mental character, aphasia, partly sensory and partly motor, with ataxia; a general convulsion; epileptiform siezures, consisting of tremors in right arm and leg;