the hole enlarged to about three by two inches. The tense dura bulged about one inch and did not pulsate. The protruding portion of brain was excised and the wound closed. Two years later the patient was still free from all trouble. Such cases are not so very rare and are occasionally classed as neurasthenia. From this and a few somewhat similar instances he gives the following conclusions: There exist certain non-traumatic cases of increased intracranial pressure of unknown or doubtful origin; whenever such pressure causes serious symptoms one must consider operative relief; in certain cases cure may result, and in all cases more or less permanent relief will be obtained; in cases of severe acute optic neuritis of unknown origin the question of relieving pressure by trephining should be considered.

JELLIFFE.

UN CASO DI PSICOSI DEGENERATIVA EPILETTICA A FORMA LARVATA CON ECCITAMENTO ALCOOLICO E IMPULSO OMICIDA (Case of Degenerative Epileptic Psychosis of Masked Type with Alcoholic Excitement and Homicidal Impulses). A Bussi (Rivista sperimentale di freniatria, July 29, 1900).

Male, aged fifty-three years; former soldier. On a given morning he had drunk freely of wine and cordials according to his custom. Having his gun with him he shot into a group of people killing one outright and wounding several others. He then walked calmly away and presently saw another man, a total stranger to him, at whom he pointed his gun. The stranger fled in haste but was shot in the back. The patient then went away for a short distance and secreted himself. The police followed and called him by name, and as he did not reply they went farther and found him asleep. He was roused with difficulty and waked in a state of confusion. To the magistrate he replied that he had no recollection as to what had transpired. He was prosecuted for homicidal attacks and the Court affirmed his irresponsibility.

The patient weighed about 180 pounds; his facial expression was insignificant, apathetic; pupils dilated irregularly; a few slight marks of degeneracy (handle-like ears, etc.). Rather affected with suicidal mania. As a boy he was queer, violent over trifles. He began to drink at the age of fifteen years, and when drunk he attempted to smash everything, and his drunken attacks were followed by prostration. During his military service, twelve years before, he drank to excess, following which, violent exhibitionism occurred, followed in turn by sound sleep and amnesia. It appeared from the trial that the patient had suffered with delusions of persecution; that he quarreled readily with his best friends. The patient exhibited such violent ferocity and precipitancy in executing his plans as to warrant the diagnosis of criminal epilepsy. The patient never had epileptic convulsions. The alcoholic excitement precipitated attacks of psychic epilepsy.

CLARK.

MEHRJÄHRIGE EPILEPSIE UND IDIOTISMUS VÖLLIG GEHEILT NACH EINEM ANFALL SCHWERER INFLUENZA (Complete Recovery from Epilepsy and Idiocy of Years Duration after an Attack of Influenza). Coveos (Allg. Wien. med. Ztg., Aug. 21, 1900).

Coveos, a Greek physician, states that two years ago influenza raged throughout Greece, sparing neither age nor sex. Among those attacked was a boy of ten years with the following history: When three years old, he developed epilepsy, attacks occurring every day and limited to facial muscles. Saliva ran from the mouth at the

time, and severe headache followed. The child's birth had been normal; no anomalies of development nor history of injury to head. No family history of neuropathy, etc. After the sixth year of age, signs of idiocy were apparent and rapidly increasing, so that at the age of eight, idiocy was complete. He ate fecal matter, etc. The influenza which attacked this boy was of a severe type, lasting thirty days. After recovery, which was unexpected, no sign of idiocy or epilepsy remained. Intelligence was marked, and the child made better progress than his healthy brother and many comrades. Coveos confesses that this outcome of the case is a great mystery to him.

In discussion Dr. Foustanos, editor of *La Grece Medicale*, attempts at great length to explain the paradox as follows: The case could hardly have been one of essential epilepsy. The latter disease besides, while it weakens the mind, never leads to total idiocy. The convulsions must have been symptomatic of some brain disorder, the constancy of the affection being also noteworthy and pointing to some lesion of the brain. The rapid failure of the mind also argues for the existence of some secondary pathological alterations. The organic affection which may have been present was doubtless of the following: (1) Hydrocephalus, acute or chronic, the pressure of which may cause convulsions and atrophy of the cortex. (2) Sclerous encephalitis, which may be due to a variety of agencies (trauma, intoxication, malformation of the skull). (3) Meningo-encephalitis, same etiology as preceding. (4) Hemorrhagic foci and exudates in meninges or cortex, which often result from accidents of birth. (5) New formations in meninges or vault of skull. (6) Congenital defects (porencephaly, microcephaly, premature ossification, etc.). How could recovery from any of these conditions be possible, and how could influenza bring it about? One must clearly exclude all affections which cause permanent destruction of nerve tissue, such as sclerosis, interstitial encephalitis, etc. All of the congenital defects must be eliminated. Something must have been present to cause convulsions and lead to dystrophy of the cells, either hydrocephalic effusion, hemorrhagic or inflammatory exudation into the meninges, etc. The high temperature of influenza must have caused resorption of such effusion or exudate. The most probable cause was a mild type of hydrocephalus with a moderate amount of effusion.

CLARK.

SOME CASES OF BRAIN INJURY. E. E. Dyer (*Lancet*, Vol. 1, 1906, June 16).

The author reports some interesting cases of brain injury as follows: Case I.—Laborer, aged twenty years, was struck by revolving steam winch handle, resulting in a compound depressed comminuted fracture of the vault, with large scalp wound. He was unconscious, insensible except to strong stimuli, stertorous, free local hemorrhage, twitchings, and convulsions. Trephined and one large and several small pieces removed, dura sound to naked eye. Depression still present in vault, relieved by elevation with fingers. Breathing at once better. Gradual recovery of consciousness, asking for things wanted; drain out in third day; no suppuration. On the ninth day reddish erysipelatous swelling appeared over nose, high temperature, soon disappeared. On the seventeenth day sat up in bed and ate solids. On the twenty-first day a similar red mass appeared in the parieto-occiput. Photophobia set in and death occurred on the twenty-sixth day. The post-mortem showed a healed wound, a fracture extending to the left ear, thence along the base