be carefully classed in order to prevent the pernicious effect of placing those charged with milder offences among hardened criminals.

M. Morselli, whose studies on suicide are well known, sustained with great talent a theory which excited many objections. He believes in the antagonism of homicide to suicide. He concludes that if there sometimes is parallelism between the two, there is usually antagonism. It does not seem to us that the statistics of France show this. This question is still a study. (I think this antagonism means that when homicide increases, suicide decreases, and vice versa.)

M. Frigerio said that the born criminal belonged to the epileptic family. The Congress in general did not admit the correctness of this view. The question of simulation led the Congress to express the wish that a special place might be reserved in prisons and asylums where might be kept and observed, every individual suspected of simulating insanity. The Congress also expressed the wish that a museum of criminal anthropology might be formed.

The Congress, without discussion, declared that it was in favor of having measures taken to admit to the penitentiaries professors and students for the study of criminal science.

Professor Lacassagne spoke of the expert physician before the courts, and thought it might be well to allow the accused to choose an expert and oppose him to the physician employed by the government.

Dr. Semal, in the preceding Congress at Antwerp, used the following words: "Why hesitate to face this problem, by assuming the hypothesis which gives to crime and insanity a common origin? Especially as the question seems to have arrived at a point where it can be more safely investigated, since we have left the domain of pure theory to enter the more reliable one of clinical experience. From the bosom of every belief, even if pushed to excess, there issue elements of truth destined in future to form a new system of doctrine." We are at the commencement of a great scientific movement and must not mistake its character. Its chief promoters show a vigor and severity in their plans for the protection of society, which have never been displayed before. Nevertheless the individual is not sacrificed, for if he belongs to a certain type, special measures will be adopted for his improvement, but if it is recognized that he can never improve, that he will always be a social danger, he will then be eliminated at once and forever from the society which he menaces.

(To be continued.)

Clinical Memoranda.

A CASE OF FRACTURE OF THE SKULL FOLLOWED BY ABSCESS.

BY ATHERTON P. MASON, M.D., OF FITCHBURG.

THE following case, which occurred in the practice of Dr. George Jewett, of this city, is of more than usual interest as regards its nature, course, and favorable termination. Having watched it closely during the several weeks of my connection with it, and considering it a case well worth reporting, I have prepared the following brief account of it. For the early history I am indebted to Dr. Jewett, who kindly fur-

nished me with notes made by him at the time the patient came to his office.

J. M., laborer, a large, stout Irishman, about fifty years old, came to Dr. Jewett's office on the morning of August 30th, 1885. He had upon the left parietal eminence a contused wound about one and a half inches long, and extending to the bone. He said that the wound had been received the night previous, but was very reticent as to how he came by it. The wound was filled with hair which had evidently been cut off by some instrument with a dull edge or moderately sharp corner. After careful cleansing there was found a depression of the skull, scaphoid in shape, one and a half inches long, one-half inch wide, and one-quarter inch deep in its widest and deepest portions. The man made no complaint of head or other symptoms, except of tenderness when the wound was touched, and Dr. Jewett observed no symptoms referable to disturbance of the cerebral functions. The wound was dressed antiseptically, the patient was informed of its dangerous character, and absolute rest enjoined; any unfavorable symptom was to be immediately reported.

Nothing further was heard of him until September 5th, when he came again to Dr. Jewett's office on account of pain in the wound. A bloody, purulent discharge issued from the injured parts. Patient said *he had worked steadily during the week past without inconvenience*. The wound was dressed as before, and he was told to stay in his house, and on no account to work.

September 7th a messenger came in haste to Dr. Jewett's office, and said that the man had "had a fit." When seen a short time afterwards, he had a small, hard pulse of 100, temperature 101°, and slow, stertorous respiration. Was mainly unconscious, but could be partially aroused with difficulty. Nothing particular known of his morning history, except that he was heard to fall heavily while alone in his room. He gradually regained consciousness to a considerable extent, and early in the afternoon of the 7th, Dr. Jewett asked Dr. C. W. Spring and myself to assist him in operating.

After etherizing, which was accomplished with some difficulty, a free crucial incision was made in the scalp, and the site of injury to bone exposed. The depression was found to be quite smooth, except on one side, where the fractured wall was vertical and somewhat fissured. Moderate continuous pressure with an elevator opened a fissure, which furnished a key to the situation. The fractured wall was found to be separated at the diploë. The outer table was easily removed in small fragments, but the inner was much more disturbed, and was removed with difficulty and very cautiously. Two sharp fragments were found driven vertically through the dura mater into the substance of the brain. When these were removed, a current of pus welled up from beneath the dura; considerable arterial hæmorrhage followed, but was soon arrested by the gentle pressure of a carbolized sponge. Marked arterial pulsation was observed in the brain substance. The wound was dressed antiseptically with moderate pressure. Patient came out of the ether well, and was tolerably rational at our departure.

September 8th. Passed a rather wakeful night. Pulse in the morning full, soft, 100, temperature 99°. Some hæmorrhage from wound; some confusion of ideas. Same condition at evening visit.

September 9th. Pulse 80, temperature normal,

mind clear, right side of face partially paralyzed, slight aphasia.

During the following week there was some pain in head, slight fever, and gradual increase in paralysis and aphasia. Food accumulated in the right side of the mouth, patient did not seem to possess the power to put out his tongue, right arm and hand became partially paralyzed, and his mind was considerably confused, though there was no delirium at any time. The wound was dressed daily, and preserved a healthy appearance throughout. Moderate secretion of pus. Treatment consisted of tonics and Potass. Bromid. Paralysis and aphasia reached their acme about September 18th, and after that steadily decreased, both being almost entirely gone by the end of the month.

During the last week or ten days of September he had quite an attack of erysipelas, which began in his left ear, and crossed over to the right side. The swelling was considerable, and both his eyes were closed for a day or two. The redness and swelling reached nearly to the margin of the wound, but did not invade it. Glycerine was used locally, and Tr. Fer. chlor., gtt. viii, every four hours, administered internally during the erysipelatous attack, which had the average duration of the simple cutaneous form of the affection. The progress of healing went on favorably in the wound which was completely closed about the middle of October. Just prior to its closure there was necrosis of a portion of the edges of the bone, and several fragments came away. The urine was examined several times during the progress of the case, and always found to be normal.

In the foregoing account the salient points in the case have been briefly described, but no attempt has been made to give a complete record. Two features of the case impressed themselves upon my mind, namely, (1) that this man, having two sharp fragments of bone driven through the dura and into the brain, thereby giving rise to hæmorrhage and the production of pus, could work steadily for a week after the reception of the injury, and displayed no special cerebral symptoms until the eighth day after the injury, at which time cerebral symptoms of a serious nature were apparently suddenly developed. (2) That the erysipelas did not appear in the wound or attack it at all. The erysipelas was severe and exudation rapid as evinced by the appearance of vesicles filled with serum during the progress of the attack. These were most abundant on the ear, the place of beginning.

When last seen in November, the patient was about enjoying life and apparently in as good health and condition as one could desire.

A CASE OF FRACTURED SKULL, WITH AUTOPSY.

BY W. D. BIDWELL, A.M., M.D., (HARV.), LEAVENWORTH, KAN.

In an altercation between C. H. Young and R. B. Gray at five o'clock in the afternoon of Thursday, February 11th, Young struck Gray in the head three times with his left fist, on the little finger of which was a large seal ring. Shortly afterwards Gray left the house, and after riding home, put up his horse and went to a saloon about a mile distant, where he said he felt dizzy and wanted to lie down. It was then after six o'clock. When the saloon was closed at ten o'clock it was found to be impossible to rouse him and

a physician was summoned, who arrived at one o'clock and found him perfectly unconscious and with a temperature of 101°. Cold applications to the head were ordered and the patient kept quiet. The patient being in the same condition at ten o'clock the next morning, (February 12th) his father had him carried home on a bed improvised in an express wagon. He was first seen by the writer at one o'clock, when he presented the following symptoms:

Temperature in the axilla, 102°; respirations, 40 to the minute, pulse 80, breathing stertorous, left pupil dilated, both pupils without reaction to light, some rigidity of the muscles of the extremities and free perspiration. There was a cut about one inch long and a quarter of an inch deep over the left malar bone, a slight bruise on the left forehead close to the hair, a slight contusion of the concha of the left ear, and a bruise with moderate swelling above and behind the left ear. At five o'clock the temperature was 102.8°, respirations, 40 to the minute, and pulse 92 and full. No other change in his condition could be detected. A diagnosis of compression of the brain from hæmorrhage had been made, but the external marks of violence were so slight that the brain injury could not be localized, and it was deemed advisable not to resort to operative measures. At seven o'clock, his position was changed owing to difficulty of breathing, and he died without having regained consciousness.

The autopsy was held the following afternoon at five o'clock. Rigor mortis was present. Between the scalp and the skull there was moderate hæmorrhage which had raised the scalp uniformly over an area extending from the forehead to a point a little behind the left ear and half way up on the parietal bone. Just above the external meatus there was a fracture of the squamous portion of the temporal bone which could only be detected from the inside. There was a firm dark clot four inches long, three and one-half inches wide and one inch thick at the middle, lying between the skull and dura mater, compressing the brain over an area corresponding to the hæmorrhage outside the skull. There was also a bag of serum at the posterior extremity of this clot containing about one ounce of fluid. The fracture was over the middle meningeal artery which had been torn through by a sharp projecting fragment. If there had been positive information that no injury was received Thursday night save the blow on the side of the head, the trephine would have been used, but the history was not obtained till the day following his death, he having gone some distance from the place where the affray occurred before he became unconscious. The bone in which the fracture occurred will be produced at the trial in the District Court in April.

— In the reports of fertility which are just now exciting the admiration of the medical press, the Naples correspondent of the *Paris Register*, quoted in the *New York Medical Abstract*, leaves all rivals several lengths in the rear. He says: "Twenty-five miles from here lives Maddalena Granata, aged forty-seven, who, at twenty-eight, married a peasant of nineteen. She has given birth, dead and alive, to fifty-two children, forty-nine of whom were males; she is healthy and robust, and twenty-four hours after her last accouchement, was ready for her accustomed labor in the field. Fifteen times she gave birth to triplets."