

some case which he treats that day, and he would be expected to know not only what is necessary for a proper treatment of the case medically, but also what is required by the law for proper treatment in court of the medical side of the case.

If the physician knows what is required and permitted as evidence in court, he can note many facts which would otherwise go unnoted. It is often true that we see only what we are looking for, and it is only when we know what is evidence that we can look most intelligently for it. The medical examiner usually has a good working knowledge of proper evidence and I doubt not that every prosecuting officer in the State would say that the community is indebted to our medical examiners for their ability, their fairness, their thoroughness, and their care in making note of every point which may assist in arriving at the truth. It is often true that the medical examiner is the most important witness in our most important cases, and that his care in observing and stating facts has many times prevented a miscarriage of justice. His work requires him to be a specialist in many branches of medicine.

But the whole case has not been stated when we say that medical jurisprudence is a matter of great importance to both professions. A more significant fact than that to the man who wants to know what should be done now is that every branch of medical jurisprudence is *growing* in importance and becoming a more essential part of our judicial system. The phenomenal growth of tort cases has been accomplished within a few years, and this class of cases must continue to increase with our greater industrial and commercial development.

The increase in the number of inmates of our insane asylums is ample evidence that this branch of medical jurisprudence must be constantly occupying a larger place in our courts.

The laws to regulate health and prevent the spread of disease must be greatly multiplied and systematized, as our population grows in the large centres, and our latest census returns almost alarm us with the great growth of all our cities. The increase of population must bring with it an increase of crime, although for some reason, and undoubtedly a temporary one, for the last one or two years there seems to have been a falling off in crimes and criminal prosecutions.

The embarrassment of the physician who is unable to meet the demands of a case in which he is called to testify is only exceeded by that of the attorney who knows little of the medical aspects of his case and little of the bearings of the medical testimony which he is required to present. His examination is likely to lead only to a confusion in the minds of the jury like that which exists in his own mind.

Notwithstanding the great change in the medical and legal courses in our universities, still it would seem that the importance of courses in medical jurisprudence has not been emphasized in either the school of medicine or the school of law. The neglect of this subject, in view of the increasing demand for the physician in court and the corresponding growing necessity that the attorney be able to properly present the medical testimony in a case, cannot be justified nor long excused.

If this subject is to be given its proper place in the training schools and among the members of both pro-

fessions, it can most effectually be brought about by this organization, which stands between and unites the two.

May the time soon come when it shall be true not only that the physician shall know everything about his special branch of medicine and the lawyer shall know everything about his special branch of the law, but also when it shall be true that each shall know something of the whole range of medical jurisprudence.

CRIMINAL NEGLIGENCE; REPORT OF A CASE.¹

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THE choice of this subject is the result of experience not alone in the case to be reported, but from the impression, very firmly fixed, that in spite of maternal affection, which is an almost unfailing attribute of a mother, no matter how destitute or depraved, there still are cases where one's suspicions must be aroused that the neglect, though apparently due largely to ignorance, is in some degree wilful. Especially is this true where illegitimate children are concerned. The industrial insurance companies recognize the lack of care which these unwelcome guests receive in the majority of cases, and refuse to accept them as risks under the age of five years. Frequently enough we are called to certify as to the cause of death where it is evident that ignorance and wilful persistence in unfortunate methods has brought about the untoward result, where intended kindness has in reality been murderous. To such cases I do not refer, but to those in which the motive is apparently relief from a wearisome burden.

Infanticide has a harsh, barbaric sound, but I believe deaths sometimes assigned to natural causes could justly be attributed to the neglect (semi-wilful, if it may be so called) of the mother, who, worn out and discouraged in the struggle to provide for herself and her offspring, is willing to yield the babe to the forces ever waiting for its destruction.

So far as I know, we do not have today in Massachusetts to any great extent the unhygienic "baby farms," which have at times appeared as most potent factors in carrying out the Malthusian theory. On the contrary, the summer home and hospital for sick and poor children have reduced the infant mortality to an appreciable extent. Frequently, however, we find the babe of a few weeks, whose mother must work ten hours of the day, consigned to the care of a neighbor whose only interest is to collect the dollar a week which is paid for the board of the little one.

It is difficult, almost impossible, to say just where negligence approaches criminality. Inquiry reveals more than autopsies can affirm. Starvation may be due to disease. Emaciation occurs in spite of the most carefully prepared diet. Cleanliness is a relative term among infants of the poor. The most anxious mother does not succeed in preventing sores unless she can intelligently devote all her time to her sick babe. Bruises are common to all children able to seek for them. These things will not prove lack of ordinary care, and one must seek further. The failure to provide medical attendance may be but an expression of the mother's lack of confidence in the

¹ Read before the Massachusetts Medico-Legal Society, October 3, 1900.

efficacy of medicine or the skill of the physician. These things combined may nevertheless be of value in determining the intent of the mother. And it is the intent, the motive, which the law recognizes as of prime importance.

The case I wish to report is that of a child aged seven months. The mother was a woman of twenty-five who was working in a cheap hotel as helper in the kitchen. She claimed to have been married five years. Her husband, however, had left her three years before, though she claimed he had been to visit her about a year and a half before the present time. The babe had been for six weeks at the Seaside Home, and though in a forlorn condition on its admission, had gained sufficiently to be thought ready to be discharged from the hospital. The mother was notified, but failed to call for it. During the six weeks of the child's stay at the home she had never been to see it, though opportunities were frequent. Repeated requests had no effect. Then the babe was taken by the overseers of the poor to the almshouse, where it remained two weeks. Our pauper methods, however, do not provide for maintaining a child in the poorhouse while its parent or parents remain outside. This mother, then, who was now supporting a child two years old, was told that she must either declare herself destitute and join her younger babe in the almshouse, or she must support it herself outside. And being summoned before the officers at the police station she declared herself able and willing to provide for both children.

As before stated, she was working at a cheap hotel, and this was within a stone's throw of the office of the overseers of the poor and the city physician. Evidently fearing that the proprietor might object to the presence of two infants, she said nothing of the younger child, but took it to her room, which was poorly lighted and ventilated. There for sixteen days the child was kept, never was taken from the room, no one was told of its existence. The mother manifested marked indifference as to the loss of the babe. She acknowledged that it had been sick for two weeks, but had not thought it necessary to send for a doctor. She knew the method of applying for the city physician, and had previously had him for the other child. She said that she had fed the younger child with milk when it would take food. She had given it soothing syrup when it cried. In the room there was a bottle labelled "soothing syrup," and a man who worked in the hotel said that he had been out for medicine (soothing syrup) several times. This he had supposed was for the two-year-old child. These facts were ascertained after noting the unusually filthy and neglected appearance of the body of the infant, and as a result an autopsy was held September 14th, forty-four hours after death.

The body was that of a male child twenty-five inches in length. It was extremely emaciated. Rigor mortis was present. The buttocks and genitals were red and inflamed. Vermin were present in the sores on the buttocks. The oral mucous membrane was apparently normal. Almost complete absence of subcutaneous fat; skin dry and shrivelled; face pale and wrinkled. Heart and lungs were normal, though all the organs were markedly anemic. Stomach empty save for small amount of white, slimy deposit which was accepted as milk; bowels distended with gas, the walls thin and friable; the small intestine empty for

its entire length; no signs of any inflammatory condition; large intestine also empty, but descending colon and rectum showed slightly inflamed mucous membrane which was everywhere else very pale. Gall bladder was full. Kidneys, spleen, liver and pancreas appeared normal. Brain was normal.

So far as could be ascertained from the autopsy, death had resulted from starvation, but the slight indications of colitis were sufficient to raise a possible doubt as to whether the starvation was due to disease or to the restraint of proper food. The mother was held by the district court on the charge of manslaughter, but she was not indicted by the grand jury.

Reese says that although starvation "is rarely the cause of homicidal death, it should always be remembered that the law does not require the absolute deprivation of food to be proved, but only the necessary quantity and quality to be withheld, provided this has been done with an evil intent." It is important to know that the evidence of organic disease does not disprove that criminal starvation may have been the cause of death. This because the defence set up is invariably that admitting the cause of death, it was the result of disease and not of malice on the part of the one accused. Tidy quotes the statement of Hippocrates that "The old bear want of nourishment best; those who have attained the middle period of life the next in degree; those who have just arrived at puberty are less able to endure it; but that of all ages, childhood is the least capable of enduring hunger." It takes very little to kill an infant by refusing it the breast or giving it insufficient or improper food.

The burden of proof that the fatal result has been the outcome of wilful neglect on the part of the one having the care of a helpless child may at times not be light. The points particularly to be observed in these cases are those usually indicative of starvation. In chronic cases the body is invariably shrunken and greatly emaciated. A contracted state of stomach and bladder, a shrunken and transparent condition of intestines and omentum, with a more or less atrophied, but otherwise healthy condition of the viscera, appear to be the prominent post-mortem symptoms. In acute starvation, however, one may find a considerable layer of fat, as in the case of the Welsh fasting girl.

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THREE CASES OF GUNSHOT WOUNDS.

BY PASSED ASSISTANT SURGEON A. FARENHOLT, U. S. NAVY.

CASE I. M. M. N., apprentice second class, U. S. Navy, age sixteen and one-half years, was shot through the head at Kabalition Island, P. I., September 2, 1899. The wound was made by a Spanish Mauser, calibre 8 millimetres, ball, and the distance from muzzle to head was but 2 feet. Death occurred in about two hours after the receipt of injury, and the following conditions were observed at necropsy: The posterior, or wound of entrance, was situated a little above the centre of right parietal bone, the anterior, 9 centimetres above nasion in median line of frontal bone; both wounds admitted little finger only to first joint. No staining of powder grains. Exophthalmos of left eye, pupils equal and moderately contracted. Slight movement of bones under scalp.