

due to the force of the blow being struck inward (i.e., toward mid line) and slightly backward and downward (in vertical position of body). The haemorrhage was subdural and markedly unilateral and came from the slit in the dura mater over the lateral sinus. All the other cerebral vessels including longitudinal sinus were found uninjured.

Case II., P. M., Feb. 11th, 1898.—Man falling from sleigh against a pole, striking right temple and right ear, dying 22 hours after. The right temporal muscle was found pulped beneath fascia. There was a most extensive fracturing of squamous plate and floor of middle fossa. There were two main vertical lines of fracture—one beginning 2 inches above and $\frac{1}{2}$ inch behind external auditory meatus passing down just in front of the superior border of the petrous bone to the foramen spinosum, thence to foramen ovale, and then passing forward to join second vertical line, sending one limb into the body of the sphenoid and a second into the sphenoidal fissure. The anterior vertical limb traced upward from in front of foramen ovale passes to hinder end junction of orbital plate of frontal with lesser wing of sphenoid, breaks off hinder $\frac{3}{4}$ inch of this plate and passes up in frontal bone, ending $\frac{1}{2}$ inch anterior to the termination of coronal suture (Pterion). These two lines were joined by horizontal lines at level of zygoma and through the centre of middle fossa. Short vertical lines passed between these horizontal ones breaking the floor of the middle fossa into 5 fragments. The bones of skull were markedly thin, being nowhere over $\frac{1}{8}$ inch thick. The middle meningeal was torn across at the foramen spinosum and there was extensive extradural haemorrhage reaching from midline in front and above to about 1 inch behind posterior fracture line, being $1\frac{1}{4}$ inches deep in middle fossa. There was no subdural or cerebral hemorrhage and no laceration of brain structure.

The advisability of operation was considered in this case but as compression symptoms were manifest from the outset, it was not considered feasible. Had such been done it would have been a difficult matter to control haemorrhage so deep seated without ligature of the carotid, and the extensive fissuring of the middle fossa would have militated against recovery.

Case III.—Post-mortem held Oct. 9, 1896, on a man shot with a 44 calibre revolver and dying in 4 hours. The bullet was fired at close range and entered $\frac{3}{4}$ inch below and $\frac{3}{4}$ inch to outer side of outer