bowels tympanitic; gas passing involuntarily per anum; paralysis of bladder; was able to move right leg slightly, but not the left; left leg apparently ½ inch short; crepitus on moving this limb, but difficult to locate it; nothing abnormal discovered at upper extremity of femur or in hip joint; crepitus detected on pushing crest of ilium inwards about middle of crest; per rectum nothing discovered; per vaginam fracture evident about junction of ascending ramus of ilium with descending of pubis; slight bloody discharge from vagina.

On turning her on face, which caused much pain, there was noticed slight deflection to the right of spinous processes of 11th and 12th dorsal vertebræ; also slight curvature in same region, including 4 or 5 vertebræ with concavity to left. This, however, was suspected to be ordinary condition, and compensatory to another curve in upper dorsal region.

Treatment.—Bandage applied round pelvis; thighs slightly flexed and kept so by pillow under knees; urine withdrawn by catheter; opiates at bedtime; vagina washed out morning and evening with carbolized water.

September 3rd.—During 4 days since admission, paralysis of lower limbs increased gradually; now unable to move more than feet very slightly; sensibility but slightly impaired; discharge continues from vagina; is now purulent, but still small in quantity; remains on back; there is now incontinence of urine; bowels constipated; patient placed on water bed.

September 13th.—No evacuation from bowels since injury (2 weeks): castor oil, calomel, enemata tried without effect. Constant current ordered to be applied night and morning over abdomen.

September 15th.—Copious evacuation from bowels. After this there was incontinence of fœces as well as urine; bed sores appeared, not withstanding water bed and great care on the part of the nurses.

She vomited a good deal at times; complained occasionally of pain in back; always dreaded being moved. She sank gradually until September 26th, when she died 28 days after the accident.

Post-mortem examination 15 hours after death.—Body much emaciated; deflection (but no prominence) of spinous processes in lower dorsal region apparent, also curvature. In exposing the spine, considerable extravasation of blood into the soft parts in this region was found. The cord when laid bare, was found to be swollen for about 2 inches in lower dorsal region, much softened, and in places quite disorganized; some congestion of meninges at this spot. On removing last 3 dorsal and 1st. lumbar vertebræ, fractures were discovered. One transverse extending through body of 11th; another transverse extending through upper part of body of 12th; the right pedicle of this vertebra was also fractured at root. On looking at posterior surfaces, a longitudinal fracture was found extending upwards through 12th and half 11th, thence extending obliquely upwards and to the right, detaching a triangular piece of the latter, (11th dorsal vertebra), which projected slightly backwards into canal, and caused some pressure on cord. This was the only marked displacement, and corresponded with degeneration of cord.

The left innominate bone was extensively fractured; one fracture, 3½ inches long, extended from juncture of anterior, and middle thirds of crest of ilium to the middle of greater sciatic notch; another extended from a point just above the posterior inferior spinous process to meet the former 2 inches below crest. A piece of bone, 1 inch x ½ inch, was separated at the centre of acetabulum; from this three fractures extended through and beyond acetabulum, one ending just above spine of ischium, the second passing through ilio-pectineal eminence, the third passing directly downwards into back part of obturator foramen. There was fracture through lower part of ramus of pubes, and another an inch below this through ascending ramus of ischium.

The Dr. considered it remarkable that a slight person, such as the patient was (probably weighing about 100 pounds when she received the injury), should have received such severe and extensive injuries from a fall of 15 feet; that so many and extended fractures should have occurred in both os innominatum and spinal vertebræ without more pronounced signs at first. There was comparatively little displacement, and therefore the functions of the