

FRACTURE OF SKULL—PENETRATING WOUND OF THE BRAIN.

CASE 10.—J. H., aged 35, stoker in gas works, killed from effects of the explosion of a receiver.

External Examination. Feb. 8th, 1893. Clothing dusty, not torn or burnt. Skull felt to be fractured near the posterior extremity of the sagittal suture. Fragments movable and give crepitus. In right temporal region, $1\frac{1}{2}$ inch above and 1 inch anterior to external auditory meatus, is a deep lacerated wound 1 inch in length, leading directly to a jagged opening in the temporal bone large enough to admit the little finger. No foreign body near the orifice of the wound. The brain substance is seen to be lacerated. A little clotted blood in the nostrils.

Conclusions.—The injuries appear sufficient to explain the death. Their exact nature cannot be made out without an autopsy.

Verdict—*Accidental death.*

OTHER INJURIES FROM CRUSHING (4 CASES).

CASE 22.—*Rupture of Liver.—Peritonitis.*—J. B. V., aged 30, when riding on top of a load of compressed hay, was squeezed between the load and the roof of an archway in the Shedden stables. Died in Notre Dame hospital 4 days later with symptoms of septic peritonitis.

Autopsy on March 27th, 1893, 30 hours after death. Abdomen swollen and dark-coloured. No external signs of injury.

In peritoneal cavity three pints of dark, slightly fetid, bloody fluid. In places slight roughening of the peritoneum from recent lymph. In hypochondria greenish brown staining, apparently from bile pigment. *Liver*—An irregular, wedge-shaped line of rupture extends 3 inches backward from the anterior edge of the right lobe, just to the left of the gall bladder. The edges of the wound are rounded and retracted, and covered with fibrinous exudation. On making sections across the line of rupture a wedge-shaped area of hæmorrhage is seen to penetrate the liver substance almost to the posterior border. In the centre of this, posterior to the rupture is a pale anæmic, wedge-shaped area corresponding to which is a grayish thrombus occluding a large branch of the portal vein, and loosely attached to the intima. Liver substance looks normal.

Gall bladder contains a tablespoonful of clear grayish mucus. Common gall and cystic ducts intact and pervious. Intestines contain grayish faeces apparently free from bile.

Kidneys show slight parenchymatous swelling, affecting chiefly the columns of Bertini. Other organs normal.

Unfortunately this specimen could not be obtained for further study, but evidently the presence of bile in the peritoneum, and its absence from the intestine without any injury to the common or cystic ducts, pointed to a laceration of one of the larger hepatic ducts. The complete absence of external bruises is not at all uncommon in injuries of abdominal viscera. The verdict was "*accidental death.*"