FRACTURE OF BASE OF SKULL.

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Since 1895 I have treated nine cases of this condition. Three were associated with depressed or stellate fracture of the vault. Three extended to the anterior fossa. One to the posterior fossa, and five to the middle fossa. Seven terminated fatally and two recovered. Both of these were men in middle life, and the fracture in both cases was of the middle fossa. Following is a report of recent cases:

Case 1.—Mrs. T., age 68. While crossing a street was knocked down and trampled upon by a runaway team of horses. Her head was dashed against a telephone pole, striking upon left temporal region and external angular process. Examination a few moments later as follows: Patient semi-comatose, but apparently suffering intense pain when moved. Blood and cerebro-spinal fluid exuding from nostrils. Fracture of humerus at junction of upper with middle third; fracture of clavicle. Patient was removed in ambulance to her home and treated with restoratives. Stupor gradually increased and irregularity of pupils developed, the left widely dilated and right contracted, with paralysis of occular muscles on left side. Subconjunctival ecchymosis developed early on left side. Pulse slow and full, and breathing stertorous. Condition became rapidly worse and death resulted 16 hours after injury. The age of patient and concomitant injuries rendered the shock very severe. No post mortem was obtainable.

Case 2.—On July 9th, 1900, D—— Y——, age 35, a lineman in the employ of the Brantford Street Railway, while attaching a wire at a height of 22 feet, received a shock of 550 volts from a live wire, and fell to the ground, striking upon his left shoulder, his head coming in contact with a projecting curbstone. Early examination revealed crepitation at shoulder-joint, blood oozing from left ear, and also from mouth and nose. Semi-conscious. Removed in ambulance to city hospital. Found a fracture of lip of acromion process with dislocation of acromial end of clavicle. Point of cranial injury just above and behind the mastoid process about the junction of the mastoid with the parietal. Line of force was downward, inwards and forwards, in direction of petrous bone. Hemorrhage from ear, bright red, profuse. No cerebro-spinal exudate. Pulse 55, full and of low tension. During the night he remained unconscious. Vomited several times blood which he had swallowed. Following day the aural hemorrhage continued. Pupils slightly contracted but not irregular. On careful examina-