

wound extended from the right frontal eminence to behind the right ear. The bones of the skull were exposed, and showed a small smear of black grease. A vertical scalp wound 1 inch long was found in the left parietal region. The bones of the skull could be felt to be crushed in, and were movable on palpation.

Abrasions were found on the right forehead, chin, right cheek, right upper arm and fore arm, left thigh, left patella, left popliteal region and left shin. These were free from ecchymosis.

Several contused areas of ecchymosis were found about the fingers of the left hand.

*Internal Examination.*—A very extensive fracture of the skull was found in the right temporo-parietal region, the bones being shattered into fragments not larger than 2" in diameter for an area of over a hand's breadth. The sagittal, coronal and lambdoidal sutures were separated. A line of fracture extended downwards to the left jugular fossa from the left extremity of the lambdoid suture. From the right mastoid region a fracture extended downwards across the right petrous bone and basi-sphenoid to the left sphenoidal fissure. A third line of fracture extended down from the junction of the right coronal and sagittal sutures across the right orbital plate to the sella turcica.

The brain cortex was much lacerated in the right parietal region and about the posterior limb of the sylvian fissure, the right supra marginal and upper temporal convolutions being most injured. Corresponding to this region, the dura was torn. No appearance of severe hæmorrhage at this point. The rest of the brain appeared normal.

In pericardium several ounces of dark fluid blood. Near the tip of the auricular appendix was a ragged laceration  $\frac{1}{2}$  an inch long. The heart was otherwise normal. Lungs normal. Larynx and organs of neck normal.

Spleen normal. Half a pint of fluid blood in peritoneum. About the right kidney an extensive extravasation of blood behind the peritoneum. Substance of kidney lacerated near the hilus. (This condition was apparently due to a fracture of the lumbar vertebrae.) Left kidney intact.

Liver presents five lacerations running parallel along the upper surface of the right lobe.

Stomach and intestines showed no signs of injury.

*Conclusions.*—The appearance of the lesions correspond with a railway injury, but not with homicide by blows.

Subsequently evidence was obtained that the deceased had been seen to be struck by a passing train. The extent of the internal abdominal injuries was very striking, and accounted for the absence of severe hæmorrhage from the wound of the head. The presence of ecchymosis about the contusions of the left hand showed that they must have been produced prior to the other injuries, but no evidence was forthcoming as to how this had happened.