If the patient is sensible, you obtain from him all the information you can as to the mode of occurrence of the accident, and every thing appertaining to it. If he is insensible, you must get what information you can, in every-day life, from those around him, and very often this amounts to *nil*. Without any extraneous aid, therefore, you must set to work to make your examination. You examine the countenance, look to the pupils of the eyes, feel the pulse, and examine the state of the skin. You strip the patient after sending him to the ward, and observe what marks there are of external violence; look to the state of the sphincters, for if there has been involuntary discharge of fæces and urine, be assured that some serious mischief has occurred to the central mass of the nervous system, and that in all probability the case will end in death. The state of the pupils, will afford you useful indication of the condition of the brain, and will enable you to detect the difference between real injury and dead-drunkenness, for many cases of the latter complaint are introduced as accidents. In drunkenness the pupils are usually contracted, but not always so, and the iris contracts on the application of light to the eye. In severe cerebral mischief, for which drunkenness is liable to be mistaken, the pupils are commonly dilated, insensible to light, and discordant. In drunkenness, also, the smell of the breath will afford a clue to its detection.

In the examination of patients on admission as accidents, when in a state of insensibility, you must be careful to ascertain whether any dislocation of the joints exist, as the circumstances are then favourable for reduction. But on this point you may be misled by appearances, and mistake an old irreducible dislocation for one of recent occurrence. A man was brought to this hospital many years ago for an injury of the head, of which he died. On examining the body, a dislocation of the shoulder-joint was discovered; the surgeon imputed blame to himself for having overlooked it, but his mind was satisfied by finding on dissection that it was an unreduced dislocation of some standing. The preparation is in our museum. Another instance occurred to a friend of mine, and such a case might occur to any of you. He was called to a man who was nearly dead-drunk, and who was supposed to have met with an accident which rendered him insensible. On examination he found a dislocation of the shoulder, or some deformity resembling this injury. He was proceeding to adjust his extending apparatus, pulleys, &c., when the man, having come to his senses, thundered out "born so, born so!" So the surgeon desisted, and afterwards discovered that the case was one of congenital defect. You see therefore, that it is your duty to make as accurate an examination of the joints as you can in cases of insensibility, by running your hand over them, by which you will be enabled generally to ascertain an injury of this description, which if overlooked may afterwards afford serious grounds of regret. Some few years ago, I had a patient in the hospital with a compound fracture of the thigh: the limb was placed in an easy position on the out side, and the fracture was going on well. However, after a few days he complained of pain in the upper part of the thigh, and on examination a dislocation of the femur into the foramen ovale was detected. It was easily reduced. This was