

tric street car, and struck her head on the pavement. On admission, blood was oozing freely from her right ear. Four inches above the occipital protuberance and one inch to the left of the sagittal suture, was a lacerated and contused wound of the scalp leading down to a depressed fracture of the skull (posterior part of left parietal bone). Two weeks previously she had been confined, and was in active lactation. She was dull and stupid, difficult to arouse, with both pupils dilated and sluggish to light. She vomited frequently, a slight trace of blood being found in vomited matter. The wound in the scalp was sutured and dressed but no effort was made to raise the saucer-like depression of bone underneath. The ear and nose were treated in the usual way, and the usual routine of diet, rest and cold applications to the head followed. The vomiting was most troublesome, and the patient was very weak before it ceased, having ejected a good deal of blood, the source of which I could not make out but suspected it entered the pharynx through the right Eustachian tube. Her temperature never went above 101° F., and she made a good recovery, being conveyed home on the eleventh day. I have since seen her, and she complains of nothing as a result of her accident.

Case IV. P. M. K., aged 43, was brought to the hospital by the police patrol, which had found him unconscious in the street. He was semi-conscious, inclined to sleep at times, and wildly delirious at others. He was in the ward for a week before we could find out his name or get any information whatever about him. Blood was trickling from both ears, and from nose and mouth. He vomited blood at different times in small quantities. He had paralysis of all muscles supplied by the left facial nerve, which was evidently involved in the Fallopiian aqueduct. Closer examination showed a slightly depressed fracture of the left parietal bone, about one inch above the left ear. The ears, mouth and nose were treated as usual and ice was applied to the head. He was very delirious for a week, and suffered from retention of urine for several days. His mental condition then quite suddenly improved, but he still had deafness and facial palsy when he left the hospital in three weeks. Dr. Stirling, assistant oculist and aurist of the hospital, reported rupture of both drum heads, and did not hold out much hope of regaining hearing in the left ear, as he feared the portio mollis of the seventh pair of nerves had suffered with the portio dura and was involved in some scar connected with the fracture through the petrous portion of the temporal bone. His temperature while in hospital never rose about 100° F.

Case V. L. C., aged 37, was brought to hospital unconscious, smelling strongly of alcohol, with both pupils dilated, right more than left, and blood oozing from the right ear, nose and mouth. There was a scalp wound over the occiput, but no fracture of the skull underneath; the left nostril torn open to the cheek; flesh wounds of the right hand and