

his house unconscious. There was a very profound shock and bleeding from his nose, throat and left ear. Within a few hours he rallied from the shock. His nose, and throat, and ear were very carefully cleansed, antiseptically, and the ear carefully dressed with sterile gauze.

The following morning all the dressings were saturated with blood and large quantities of cerebro-spinal fluid were escaping and continued to escape for several days. On the second day there was considerable ecchymosis about the mastoid process anterior to it and extending upwards and backwards toward the occipital protuberance. The conjunctiva of the right eye became deeply injected, ecchymosis extending to the lids and out on to the face.

Diagnosis—fracture at the base of the skull, probably running through the petrous portion of the temporal bone, through the sphenoid and forward on to the orbital plate of the frontal bone.

The temperature rose from subnormal to normal on the 2nd day, subnormal on the second night and normal again on the 3rd day, and never went above 100° . throughout his illness. Very careful antiseptic and symptomatic treatment throughout. The patient remained unconscious for three weeks, was very restless, at times requiring heavy doses of bromide and chloral. A gradual return to consciousness after the 3rd week, and by the 6th week he was able to recall the occurrences up to the date of his injury. Recovery is now complete.

The symptoms characteristic or diagnostic of fracture at the base would be following an injury either direct or indirect, to the skull, loss or partial loss of consciousness, hæmorrhage from the ear, and particularly escape of cerebro spinal fluid, which continues for some days, ecchymosis about the mastoid process usually not occurring for one or two days after injury, hæmorrhage from the throat and nose which is more continuous than ordinary nose bleed, but not so profuse. When the line of fracture involves the anterior fossa ecchymosis will appear about the second or third day under the conjunctiva of the eyeball and extend to the lids and frequently present the appearance of an ordinary black eye.

Upon no one symptom can a diagnosis be made, but usually when a fracture is present one can form a definite opinion