

right shoulder. The wounds were sutured, after cleansing, and then the cranial orifices treated as usual. For three days he was delirious, and the temperature rose to  $101^{\circ}$  F. on the fourth day, but then rapidly got better, and he left the hospital very well in eleven days.

*Case VI.* A. G., aged 29, was brought to hospital on July 23rd, having fallen from a moving train and struck on the head. Blood was flowing from the nostrils and left ear, and a very large hæmatoma was present over the right temporal and malar regions involving the right orbit. He was unconscious and vomiting blood occasionally. Bell's palsy of the left side of face, but no other evidences of paralysis. Breathing stertorous. The usual orders as to treatment were as well carried out as a public hospital ward would allow, and the patient made a rapid recovery, unconscious delirium being followed by intelligence and quiet, and the facial palsy disappearing. In fifteen days he was discharged, apparently perfectly well, but with the usual caution not to work hard or excite himself for another month. The temperature in this case never rose above  $99^{\circ}$  F., though he was wildly delirious for two nights, and had to have several hypodermics of Battley's solution.

*Case VII.* O. S., aged 21, was brought to hospital on the night of August 1st, semi-conscious, the result of a fall on his head into a culvert, and bleeding freely from the nose and left ear. The usual treatment was followed. He complained of great pain in the head, worse at night, and in spite of sedatives was very noisy. He began to improve on the fourth day, and on the sixth day his brothers insisted on his removal from hospital, and I have since heard that he made a good recovery.

In all these cases the following general plan of treatment was followed out as systematically as circumstances would allow :—

1. Rest in bed.
2. Quiet was enjoined, and preferably the patient should be kept in a dark room. In the private cases, only, could this be done.
3. An ice bag was kept to the head.
4. The affected ears were thoroughly syringed out with carbolic acid solution 1-60, and packed with iodoform gauze, over which was bandaged a pad of sterilized cotton wool. This was repeated as often as the cotton wool showed any moisture. The nose was sprayed every four hours with the following, taken from the Montreal General Hospital Pharmacopœia:  $\mathcal{R}$  Sod. biborat., sod. bicarb. aa. grs. iii, acid carbolic gr. i, glycerine  $\mathfrak{z}$ i, aq. ad  $\mathfrak{z}$ i. Sig. Use in the atomizer. In addition, the nostrils were plugged with sterilized absorbent cotton changed frequently.

Where a mouth wash and gargle could be used and was indicated by involvement of the vault of the pharynx in the fracture, the following was used every two hours :— $\mathcal{R}$  Pot chlor. gr. xlv., acid hydrochlr. m. xx, glycerine  $\mathfrak{z}$ iv, aq. destillat ad  $\mathfrak{z}$ x. Sig. As a gargle and mouth-wash.