

a laryngeal mirror showed blood dropping down from the vault of the pharynx, which would collect in the stomach, and be rejected from time to time. So that, in addition to the fracture of the parietal bone (or as a continuation of it), there was fracture through the middle fossa of the skull, involving both the ear and the naso-pharynx. As the child was bleeding to death, possibly from rupture of the middle meningeal artery at, or near, the foramen spinosum, I felt that something had to be done at once. I remembered some years previously helping my senior colleague, Dr. Shepherd, operate upon a case of fracture of the skull, in which he could not reach the point of bleeding from the meningeal artery, which was evidently ruptured at the foramen spinosum, and he very cleverly saved his patient by ligating the common carotid artery of that side. You will find the case reported at length in the *Brit. Med. Journal*, Vol. 1., p. 905, 1896. It occurred to me that I should follow the same rule here, especially as my little patient was in no condition to stand any prolonged operation on the skull or brain. I hurriedly ligated the left common carotid artery and put the patient to bed. She was absent from the ward, in the operating room, only half-an hour. She regained consciousness on the third day. She developed thrombosis on the twelfth day; first of the superior longitudinal sinus, followed, on the sixteenth day, by thrombosis of the left cavernous sinus, and, a little later, of the right cavernous sinus. The study of the various forms of squint thus produced was most interesting. These were the only untoward incidents in her recovery, as the depressed fracture of the parietal bone righted itself, as such fractures so often do in children. She left the hospital, perfectly well, in 26 days, and continues well. I show you a photograph taken four days ago.

*Case II.* George W., aged 36, was brought to the hospital on May 31st, having fallen down a hoist shaft. He was bleeding from right ear, nose and mouth, conscious, but complaining of great pain in the head. He had also a compound fracture of the right lower jaw, and two punctured wounds of the neck, one going into the mouth. The wounds in the neck were dressed and sutured, and a splint applied to the broken jaw.

In addition to dressing the wounds of the neck and of the mouth caused by the broken jaw, I gave precise instructions regarding cleansing and keeping as aseptic as possible all the cavities affected by the fracture of the base, and I shall detail these instructions later on, as they pertain to all these cases.

The patient convalesced rapidly, never had any fever worth mentioning, and left the hospital in eighteen days with all his wounds healed but a splint still on the broken jaw, which had quite united a little later.

*Case III.* Mrs. W., aged 31, on June 15th jumped from a moving elec-