

The following are the details of the deaths from natural causes met with in this series:—

Death was sudden in 13 cases. In 13 cases there had been no medical attendance. In 8 cases the bodies were found dead. Autopsies were held in 15 cases.

The causes of death were as follows: .

Pneumonia, 6; pulmonary embolism, 1; phthisis 2; heart disease, 3; interstitial nephritis, 1; cerebral hæmorrhage, 4; cerebral abscess, 1; still born, 2.

PNEUMONIA (6 CASES.)

In a number of cases sudden death is due to some serious acute or chronic disease, which has produced few or no symptoms. It has long been known that ambulatory cases of typhoid very often terminate suddenly. One of my recent cases (not included in this series) was of this nature, and the autopsy at once revealed the true cause of what was thought to be a case of poisoning. That a latent pneumonia is often the cause of unexpected deaths is well known in hospital practice, but the medico-legal bearing of this fact does not seem to have been recognized, the large proportion of pneumonia among my cases is of special interest. The disadvantage of the practice of carrying on elaborate circumstantial inquiries instead of making an autopsy at once was well illustrated by the following case of death from pneumonia under alleged suspicious circumstances.

CASE 2.—*Pneumonia—Suspicion of violence and Starvation.*—H. S., aged 70, an old man of intemperate habits was found dead in bed. The body was seen by a doctor who reported to the presence of bruises on the back (which proved to be only post-mortem lividity,) and suspected a violent death. Another theory was that the old man had been starved to death. The jury met and adjourned several times and listened with much attention to a great deal of circumstantial evidence. Finally they decided to authorize an autopsy of which the following is a condensed report:—

Moderate lividity posteriorly. No marks of violence. Right pleura shows trace of recent lymph in axillary region. Heart, right chambers moderately distended contain long stringy pale clots which extend into the branches of the vena cava and pulmonary arteries. Right lung weighs 1920 grammes. The whole of upper lobe except anterior border completely solid and airless. On section, cut surface coarsely granular and gray, bathed with grayish yellow fluid containing small fibrinous particles. The rest of lung intensely engorged but crepitant. Left lung weighs 550 gms., slightly hyperemic throughout. Kidneys of