

doubtful whether this œdema, and this applies to a large number of the so called immediate causes of death, could be regarded as the actual cause, and not as a terminal accompaniment of the fatal catastrophe. For we have learned to regard œdema of the lungs, as well as that of the meninges, in many cases at least, as agonal phenomena.

Again, every one knows that ultimately death is ushered in by a permanent cessation of the heart and respiration, the so called *atria mortis* of the older writers. Whatever may be the processes leading to death, the immediate initiation of the phenomenon depends on the stoppage of one or the other of these processes. To declare, therefore, that a person dies of heart disease or of œdema of the lungs, or of apoplexy, is not only insufficient, but hardly goes beyond an observation which almost every one is able to make.

Such diagnoses, however, are frequently made, even by physicians, in cases of so called sudden deaths, that is, when a patient appears to enjoy health when stricken, or, having suffered from a long continued disease, suddenly dies. Not infrequently, in such cases, even the immediate cause of death may have been so obscure that a physician is unable to form any opinion and to a much less extent about the processes which have led up to it. In this connection it must be remembered that the external examination of the body after death is very rarely able to give us any conclusive evidence, and occasionally hardly a clue to what may have been the immediate *atrium mortis*. An apodictical verdict of the cause of death, after a view of the body, would seem strange to one technically trained, did we not appreciate that such diagnoses are often made as a matter of convenience to the family and to the physician.

I will not touch here upon the purely scientific and the every day criminal medicolegal aspect of the situation, but there are essentially two very im-