

29th, 1897) when I was called upon to hold a post-mortem on the body of a man found dead in bed. This man had been on a prolonged "spree" and according to the evidence of five men had been seen at five o'clock the evening previous, just before he went to his bedroom. At ten o'clock, two men who occupied the same room but different beds, came up stairs and found him snoring deeply. When they dressed in the morning they attempted to arouse the man and found him dead. They had heard no other noises during the night. I examined the body at three o'clock the same afternoon, i. e., within 17 hours after he had been known to be alive, and found it as advanced in putrefaction as we usually find a body in 48 to 72 hours in July weather. The temperature had not been above 72° F. Had the evidence of his being alive within 17 hours previously not been so convincing I would have sworn that death must have occurred at least 24 hours previously.

The post-mortem in this case was of some interest as the only evidences of the cause of death were the signs of suffocation, viz.:—the purplish-discolored face and skin, the slightly protruded tongue, the froth in the mouth and throat, the engorged veins and the fullness of both heart chambers—both containing dark fluid blood. The tongue was clenched between the teeth and was slightly lacerated. There were not the slightest traces of any injury about the mouth, nose or throat; nor was there anything but froth in any part of respiratory tract. The body was found lying on its back with nothing over the face, but had been moved before I was called to see it. There were two possibilities; Death by gradual respiratory failure, owing to action of alcohol on the centres, or an epileptic seizure. I inclined to the latter, owing to the laceration of the tongue.

W. T. CONNELL.

CRANIAL INJURIES.

I DESIRE to present to your attention in this issue three or four cases of serious injury to the head which came under my notice in two consecutive summer's practice.