

canthus of left eye, passing through malar and superior maxillary bones crossing below middle fossa and entering petrous bone cut through it and the larger part was found protruding into lateral sinus at the point where it is joined by inferior petrosal sinus at the inner petro-occipital suture. About  $\frac{1}{4}$  of the bullet had passed on cutting through left lateral lobe of the cerebellum and, rebounding from occiput, cut a slit through the tentorium and lodged in the hinder end of the left temporo-sphenoidal lobe. There had been extensive haemorrhage from the lateral sinus about the brain and externally through the external auditory meatus.

Cases of death while under chloroform are always of great interest. Not often do we find as well marked a cause of death as in the case appended, though it is a peculiar one. More often in such cases we find what are apparently trivial anatomical causes and not seldom do we find none at all.

Mrs. S., aged 59, expired in a dentist's office a few minutes after the commencement of chloroform anaesthesia for teeth extraction, the post-mortem being held June 15th 1897. Body weighed over 200 lbs. The heart weighed 12 ounces. The heart muscles red and healthy. The left chamber contracted on its contents and the valves competent. The aorta was considerably atheromatous. Just beyond the origin of the left common carotid artery, on the hinder portion of the transverse arch and the descending arch was an aneurysmal dilatation measuring 4 inches in the course of the aorta and being  $1\frac{1}{2}$  inches wide. The walls were markedly diseased containing calcareous plaques and its walls were lined with a thin sheeting of fibrin. Where the sac came into contact with the spine it had eroded the 4th and 5th dorsal vertebrae and heads of 4th and 5th ribs—the 5th vertebra to the depth of  $\frac{3}{4}$  inch. This aneurysmal sac had ruptured into left pleural cavity which contained 30 ozs. blood. Here then we had a pure accident, one which could not have been guarded against. For the aneurysm had never given any symptoms, and even were it looked for, its situation and size would make its detection by physical signs an impossibility. The coroner's jury brought in a verdict to the effect that the death was purely accidental and no blame was attached to the doctors for the administration of the anaesthetic.

Sometimes one notes cases in which putrefaction comes on very rapidly after death. A marked case of this I saw last Autumn (Sept.