istence of cerebellar disease. When hemiplegia exists, it is on the side opposite to the lesion.

The co-existence of hemiplegia of one side, with paralysis of the third nerve of the opposite side, is indicative of lesion of the crus cerebri on the side on which the third nerve is paralysed.

ON PUNCTIFORM ECCHYMOSES IN THE INTERIOR OF THE BODY AS A PROOF OF DEATH BY SUFFOCATION.

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THE accompanying table has been constructed with the view of throwing some additional light on the important points in dispute between the two celebrated French and German experts, Tardieu and Lijman (*Annales d'Hygiène et de Médecine*, tom. i, 2 s., No. 8, p. 371, No. 56, pp. 365 and 388, No. 57, p. 104; *Vierteljahrsschrift für gerichtliche und öffentliche Medizin*, Caspar u. Horn, i, 50, vii, 84, viii, 187 and 278, xix, 73), as to the diagnostic value of those minute effusions of blood on certain internal surfaces, known as punctiform or capillary ecchymoses; or from their respective seats, as subpleural, subpericardial, and subpericranial ecchymoses.

Of the 59 cases of sudden death here tabulated, all of them the subjects of medico-legal investigation, 13 were published in April last, in another connexion. (*Vide British and Foreign Medico-Chirurgical Review*, No. 82, p. 454.)

The spots or effusions in question, with the few and partial exceptions noticed in the table, were found to vary in size from a pin-point to a large pin-head, and in number from three or four to thirty or forty, in the respective localities.

In 52 of the cases, the blood-spots occurred on the surface of the lungs; in 31, on the heart; in 22, on the inner face of the scalp; in 18, on the pericranium; in 14, on the thymus gland; in 9, on the interior of the pericardium; in 8, on the root of the aorta; in 5, on the liver; in 2, on the skin; and in 4, singly, on the spleen, diaphragm, pulmonary artery, and pleura costalis.

In most of the instances, the minute rounded spots were in greatest numbers on the thymus gland, the lungs, and the heart; their numbers, though still considerable, being, as a rule, fewer on the pericardium and scalp, while they were only met with in threes and fours on the liver, spleen, diaphragm, pulmonary and aortic arteries, and costal pleura. In one of the skin-cases, the ecchymoses appeared in a cluster over the cartilages of the fourth and fifth right ribs; in the other, they were massed in large numbers on the fronts of the neck and chest.

The ecchymoses on the scalp and pericranium differed from the blood-clots not frequently met with on turning down the scalp in infants perishing from determination of blood to the head in difficult labours; these last being of irregular forms, and of different sizes, up to half an inch and more in breadth.

The marked preponderance of the instances of these ecchymoses in early life will be seen from the table.

The *post mortem* inspections pointed more or less clearly to the *proximate* cause of death in each of the first 26 cases. Thus, in Cases 1 to 26 inclusive, we find 11 presenting distinct and obvious traces of fatal violence; 4, more or less distinctly deaths by pneumonia; 2, by pulmonary oedema; 2, set down at the time as deaths from cold; 2, deaths by drowning; and the remaining 5 respectively, as deaths by hanging, pulmonary apoplexy, cerebral apoplexy, scarlatina, and heart-disease.*

The evidence pointing to the proximate cause of death in the 6 cases which follow was less satisfactory. It has been put down hesitatingly as bronchitis (?), from the observed amount of mucous fluid in the air-passages and air-cells of the lungs.

Cases 33 to 38 were obviously deaths from suffocation, as this term is usually understood; and, in 4 of them, in the form of it known as smothering.

Passing from these first 38 cases in the table to the last 21: in the absence of any of the usual morbid appearances which indicate the mode of death, we have nothing to guide us as to its cause, beyond the presence in these of the capillary ecchymoses. The light mucous froth, usually white, sometimes red, on which Tardieu is disposed to rely as a corroborative sign, was certainly present in 17 of the cases; as were also the dilated air-cells in 1, and the submucous and subcutaneous contused appearances around the lips in 1—signs which this authority likewise regards as characteristic. But these appearances were equally met with

in others of the cases which could not be set down as pure instances of suffocation.

It will be observed that 15 of the last set of cases were new-born infants; and the others, infants of from twelve days to fifteen months, averaging under two months.

The close resemblance of the last set of cases to the 6 set down as *presumably* deaths by bronchitis, deserves also to be noticed; but, for the amount and the extension to the air-cells of the lungs, both sets of cases must have occupied the same place in the table.

It likewise deserves notice here, that although punctiform ecchymoses are noted as present in the cases where suffocation alone could not be justly predicated, it is when we come down to the lowest set of cases in the table, that the blood-spots become the most numerously diffused on the different surfaces.

But, besides the marked preponderance of these appearances, both as to frequency and variety of seat, in the last 20, as contrasted with the cases standing above them in the table, I think it important to state that, as far as my own observation extends, the cases at the top of the list require to be received as rare and exceptional instances of such appearances in the forms of death there noted. For instance, the 2 cases set down were the only instances of ecchymoses encountered in upwards of 200 drowned bodies; the 1 case the single instance in betwixt 40 and 50 hanged persons; while I have never met with ecchymoses after death by strangulation. On the other hand, it is but equally fair to state that I have sought in vain for the blood-spots in nine cases of undoubted deaths by suffocation; all, however, adults.

Without going so far, then, as to deny the occasional though rare occurrence of punctiform ecchymoses after deaths from other causes, or insisting on the necessary presence of these minute effusions of blood in every instance of death by suffocation, I am disposed to conclude that the discovery of such spots in the dead body, in considerable numbers, in well-defined shapes, and limited in size, on the heart, lungs, and thymus gland, especially in infants, either with or without other corroborative tests, and in the absence of other obvious morbid conditions, will afford the strongest presumptive evidence, if not absolute proof, of this special form of sudden death.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

HYDATID OF THE LIVER DISAPPEARING UNDER THE ADMINISTRATION OF IODIDE OF POTASSIUM.

(Reported by N. HECKFORD, Esq.)

ABOUT two years ago a young woman, aged 22, came under treatment for what was diagnosed to be a hydatid of the liver. The tumour was undoubtedly connected with this organ, and occupied the whole of the epigastrium and part of the left hypochondrium. It was smooth, globular, dull on percussion, semi-elastic, and indistinctly fluctuating. The parasite was evidently growing rapidly, as the patient had not noticed the enlargement until the previous fortnight. As is usual, there was little constitutional disturbance, some pain and dyspepsia being the only attendant symptoms. She was put under a course of iodide of potassium—thirty grains a day—and at first as a mere matter of form. To the surprise of all, however, the tumour began to diminish, and by the end of five weeks had entirely disappeared. The measurement round the waist decreased to the extent of four inches and a-half during this time.

Here arose another interesting point. The girl, judging from her physiognomy, was, without doubt, the subject of inherited syphilis. Was the case, then, possibly one of syphilitic infiltration of the liver? Unhappily, two months afterwards its true nature was definitely ascertained. The patient, whilst apparently in good health, was seized with acute hepatitis, which terminated fatally. She had frequently recurring rigors, bilious vomiting, local pain, diarrhoea, sweating, and rapid emaciation.

After death, several abscesses were found in the right lobe. With the exception of a small portion of its free edge, the left lobe was wanting, its place being occupied by a shrunken hydatid cyst, which contained some clear yellowish fluid. There was no decomposition of the cyst-wall or its contents. I am of opinion, therefore, that the abscesses were not the result of septic poisoning, and that so far as the hydatid went, she was cured. There were no evidences of pyæmia in the other organs.

* The blood-spots in No. 16 were probably, and in No. 15 possibly, due to *spanæmia* (purpura). There were no vibices, however, on the skin in either.