without doing anything. So that it is very desirable in such cases to decide the moment of death. Roman Catholic physicians have noted the recovery, sometimes only for a short time, of many cases of apparent death. Dr. A. O'Malley, of the United States, narrates thirty cases of apparent death (query, *who* said "death" had occurred?) in four of which entire recovery followed suitable skillful treatment.

I remember one case where I entered the chamber and was told the patient, an aged woman, had been dead many minutes, when, on giving brandy on a sponge in the mouth, the lady recovered and lived until the next day.

Roman Catholic authorities have said that in case of a sudden and unexpected death, such cases of resuscitation should authorize a priest in giving conditional absolution or baptism within an hour or two after apparent death, especially in cases of violent death of healthy persons. They add: "We do not know when the soul enters the body, and there is the same doubt as to the moment when the soul deserts the body, so give every possible benefit of religious observance."

Roman Catholic doctrine recites that the death without the "rites of the church" of an ailing member whose death may be anticipated by a medical attendant is a matter of grave concern. The times for death may be anticipated with much certainty in many acute diseases, and warning given to the priest, while in most chronic diseases the end can be calculated very nearly. Still, we must remember the old saying, "Death always comes unexpectedly."

Hippocrates wrote that the most difficult question asked of the doctor was, Will the patient live? His chapter "On the Progress of Disease" may still be read with advantage.

The occurrence of sudden death from a legal point of view is often a happening of the gravest importance. Apart from the serious results often resulting from intestacy, the loss of a personality in almost all businesses is a matter which upsets all arrangements and terminates many contracts. It locks up banking accounts and stops payment of cheques already drawn but not cashed. A sudden death often intervenes between the service of a summons as juror or witness and the date of the duty required, and such a death may lead to the loss of suits which would surely have been gained.

The occurrence of a sudden death of which the cause is unknown involves the holding of a coroner's inquest, with all its unpleasantness to family life, and it may give rise to serious, even if unfounded, suspicions of foul play by relatives or friends; or of neglect, which may be very difficult to disprove.

Deaths from the felonious administration of poisons are no doubt a rarity to-day, but in former times the sudden death of a notable person was often attributed, and no doubt rightly, to secret poisoning. Madame Brinvilliers in France and the Borgias in Italy certainly caused many sudden unexplained deaths.

Having now passed in review in a cursory manner the causes of sudden death and noted the unfortunate results which may arise, it may be permissible to say that it may yet be to the recipient a great blessing. Members of the Church of England are accustomed to pray every week of their lives to be delivered from sudden death*; is it wise to do so if the fervent prayer of a righteous man avaleth much? Doctors and nurses see most of slow deaths from disease; how many of such long for a slow dying? Relatives and friends who have just left the deathbed of a dear one who has suffered long the terrors of pain—bleedings, vomitings, hiccoughs, purgings, and delirium—do they not always say, "May I be spared a long illness"?

The frequent suicides of those who suffered severely show that a sudden violent death is preferred to a slow natural dying.

The present discussions on an artificial euthanasia also show that death by natural illness is a disaster to be avoided.

There remains our duty as medical men; it has from the time of Hippocrates been a perfectly definite article of rightful duty to protect life as far as is possible.

The means of deferring death are identical with the

means of curing disease and preserving health. Apart from correct treatment and advice, patients can only be warned in which direction their ailments and imperfections may threaten a fatal issue. So long as a patient is actually under medical attendance he will generally conform to rules, but when urgent symptoms have passed and he is left to his own devices, the full force of the old fact—*humanum est errare*—comes into play, and Death secures his victims with considerable ease.

AN UNUSUAL CASE OF SUICIDE BY SUFFOCATION.

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THE patient, a middle-aged man, was brought to the work-house by the police with a history of delusions. On examination, no definite signs of insanity were found, but it was thought desirable to keep him under observation.

On the evening of the same day, quite suddenly, he became violent and excited, and, in order to ensure his safety, he was placed in a padded room. After being removed there he became much quieter, and finally lay down and went to sleep. An attendant visited him regularly, and he appears to have slept soundly for several hours. When seen at 9 p.m. he was fast asleep, but at 9.20 p.m. it was noticed that his bedclothes had been thrown off, and on further examination he was found to be dead.

When seen by me a short time afterwards, the body was lying on its back with the arms outstretched. The face was placid, and no marked cyanosis was present; there was, however, lividity of the lips, ears, finger and toe nails; there was also some dried blood on the lips. The mouth was closed but the jaws were not clenched, and were easily opened by the fingers. Inside the mouth a piece of flannel about 1 ft. long by 1 in. broad was found, and behind this were two almost similar strips. The last of these was so firmly packed down over the epiglottis that it was withdrawn with some difficulty. He had obtained these strips by tearing up his blanket, and had evidently suffocated himself by packing them down his throat.

I record this case, as suicide by this method is comparatively rare, and only a few similar cases are mentioned in medico-legal literature. Casper, in speaking of the subject, says:

Experience teaches that suicide by stuffing the air passages with foreign bodies is a most unheard-of affair.

Taylor also considers it to be very rare, but gives details of 3 somewhat similar cases. One of these is specially interesting, as the patient had been examined and certified as dying from "apoplexy," and it was only accidentally that a plug of cotton was found in the throat.¹ Three other cases are recorded in the BRITISH MEDICAL JOURNAL of 1882, and one of these was resuscitated by prompt medical treatment being adopted in time. Glaister also mentions a case of a similar nature, where a man forced cloth down his throat by means of a wooden spoon, but he considers the occurrence to be very uncommon.

Cases of this nature emphasize the necessity of always examining the mouth and throat in cases of sudden death. I was interested at the time to note that apparently no effort had been made by the man to withdraw even the last strip of flannel, as I found it well back in the mouth. Considering the fact that death probably took place comparatively slowly, it is striking that, while yet in a semi-conscious state, he should not instinctively have withdrawn at least one piece. It, however, only goes to show the extraordinary perversion of the primitive instincts in a determined suicide.

I have to thank Dr. Edmunds, of Chesterfield, for permission to publish this case.

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¹ Handyside, *Edinburgh Medical and Surgical Journal*, 1842.

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* But theologians tell us that this word "sudden" means "unprepared for."—W.