

whereas in strychnism it is in the epigastric region. In poisoning by strychnine the difficulty of breathing only exists during the spasms, whilst in angina pectoris caused by hydrothorax the oppression is continuous. During the tetanic convulsions respiration is completely suspended. In poisoning by strychnine there is a tetanic rigidity which first begins at the extremities and is afterwards communicated to the trunk, face and neck. In poisoning by strychnine not only is the body bent back, but the head is bent back also and forms an arch from head to heels, which are the only things on which the body rests. The jaws are convulsively locked and the corners of the mouth drawn back. None of these symptoms are those of angina pectoris caused by hydrothorax. Pains in the legs are not symptoms of angina pectoris caused by hydrothorax. There are no convulsions in this disease nor is there locking of the jaws. It is possible that in angina pectoris the face might become blueish or black, this would be caused by suffocation. If the convulsions that are described as having attacked the deceased at Cajolette's on the 22nd Dec., had been brought on by angina pectoris caused by hydrothorax, the deceased would not have been able to go to the wood that morning, nor would he have been able to work at a threshing mill for three days previous. Arsenic would not produce convulsions, there would be frequent vomiting and diarrhoea. There is no natural disease that has the same combination of symptoms as those observed in poisoning by strychnine. I know of no natural disease that has the same symptoms as those remarked from the 22nd to the 31st with intervals of relapse. I never saw any curara. In analysing the duodenum I adopted the process of Rodgers and Girdwood having seen it previously worked. In this process hydrochloric acid and chloroform are substituted for tartaric acid and ether which are used in Stass, process. Operating upon small quantities I think this process is preferable to Stass. Since the analysis I have used Rodgers' and Girdwood's method with success: it was by this process that I proved the presence of strychnine in the pellet of grease. I am still of opinion that death was caused by strychnine.

DR. PIERRE, C. A. BRUNEAU.—I assisted Dr. Provost, the last witness in the analysis of the duodenum and of the mucus of the stomach, and of a morphine powder, and six powders of carbonate of iron and of magnesia, which had all been placed in our hands by the Coroner. I signed the report and I perfectly agree with Dr. Provost in the evidence he has given. From all the evidence given in relation to symptoms in deceased's illness, and from the result of the analysis I made; I can attribute death to no other cause than poisoning by strychnine.

*Cross-examined:—*The bitterness of strychnine is greater than an ordinary bitter; in my opinion a grain of strychnine dissolved in a pint of water or alcoholic liquor would give it an unbearably bitter taste, but I never tried it. I heard the report of the autopsy made by Dr. Ladouceur; I should attribute the effusion of blood found by Dr. Ladouceur, in the pericardium to cadaveric putrefaction. This effusion, even if there were congestion, would not of itself be a proof of any organic disease. The heart's being dilated in its auricles and ventricles, and being of a darker colour than is natural are not in themselves proof of organic disease. Asphyxia might have caused these symptoms. The effusion of blood in the pleura does not necessarily indicate organic disease. This effusion could not take place without a rupture, but the rupture may have