

ble—and on the conjunctivæ which were red and suffused. The most remarkable post mortem appearances were,—“the left lung was in a state of very deep, almost apoplectic congestion; its substance was firm * * * * The bronchical tubes were discoloured, but probably merely from transudation.” “The lower and posterior part of the œsophagus had sloughed for the length of almost three inches and the breadth of half an inch. There was a sloughing ulcer about one inch in diameter, near the pylorus, and indeed a great part of the mucous membrane was ragged with superficial ulcerations. About the posterior part and the lesser curvature, the rugæ were prominent and deeply injected, having in some parts a bright scarlet, and in others a purple colour. The intestines were healthy.” The latter circumstances “are worthy of notice, as unusual appearances, and only likely to be met with in a protracted case of arsenical poisoning. It is also remarkable that the intestines presented no abnormal appearances.”

5th.—The patient died after about nine hours illness. The antopsis was not made for fifteen days. The central portion (of the stomach), the membrane was slightly softened, and it was there covered with a gelatinous-looking mass of mucus, holding a brownish-white powder. Patches of this powder were seen in other parts of the stomach, especially towards the pyloric orifice. Beneath the gelatinous layer, the living membrane was of a deeper red colour than other parts. There was no appearance of ulceration or gangrene on any part of the stomach. There was no appearance of ulceration or gangrene on any part of the stomach.

There was no inflammation in the duodenum or rectum, but the jejunum and ileum presented patches of inflammatory redness on the mucus membrane.” Five grains of this white powder (arsenic) were obtained from this “gelatinous layer.” “The contents of the stomach consisted of a bloody-looking liquid mixed with mucus. That the colour was due to hæmotosine, was proved by the effect of heat. When boiled, the usual brown coagulum resulted. When the contents were allowed to stand for two hours, a thick whitish sediment was deposited, consisting of mucus mixed with particles of arsenic. The supernatant liquid was of a red colour; it presented no appearance of arsenic in powder, when examined by a lens; and yet when tried by Reinsch's process, it readily gave a deposit on copper, proved to be arsenic by the crystals obtained, and the conversion of these crystals to arsenic acid by the action of nitro-muriatic acid.”

“The poison appears to have confined its action to irritation of the alimentary canal. The brain and nervous system did not suffer. It is remarkable that the duodenum and rectum entirely escaped the action of the arsenic.” “The discovery of five grains of powdered arsenic adhering to the stomach after nine hours, during which the vomiting and purging were very urgent, is an additional proof of the difficulty with which arsenic in powder is dislodged from the stomach by the mere act of vomiting. The detection of this quantity in the contents of the stomach, while there was only a slight trace of the poison in the contents of the intestines, has an important bearing on a case recently tried at the *Central Criminal Court*, in which it was alleged, that a difference of this kind indicated an administration of poison recently before death, because when such a difference in quantity existed, it proved that there had not been time for the contents of the stomach holding the poison to pass into the bowels. In this instance, nine hours had elapsed after the dose was taken, and yet the difference in quantity was very striking. The case was intelligible enough, without resort