

see the amount and character of the pericardial fluid. It should also be noted whether the heart is contracted on one or both sides, or if the walls are flaccid, *i. e.*, whether the heart has stopped in systole or diastole. It must always be remembered that, after rigor mortis has set in, the muscles preserve the same condition and shape as at the time of dissolution; and that rigor mortis itself does not alter the shape of muscles as regards contraction; and this applies both to the heart and to the general voluntary muscular system. The further exploration of the chest differs somewhat in different hands and under varying circumstances. It may be advisable to remove all the organs together; and if this is to be done, the median incision is carried up to the chin and the muscles of the floor of the mouth cut round from their attachments to the jaw and the tongue drawn down, the constrictor muscles cut from the spine, and then, by cutting the vessels and nerves at the root of the neck, separating the thoracic aorta and œsophagus from the dorsal spine, the œsophagus being first tied below by a string and severed above the ligature, the thoracic aorta being cut at the same level, the lungs, heart, pericardium, aorta and œsophagus can then be removed as a whole and examined at leisure in detail. First examine the tongue and remains of the soft palate and pharynx, the epiglottis and rima epiglottidis; then cut down the œsophagus in the middle line, and, after inspection of this structure, open the larynx from behind by a median cut, and carry this on down the trachea to its bifurcation. The heart and aorta must be removed from the lungs by section of the roots of the lungs. The bronchi, to the third or fourth divisions, are to be cut by scissors or bistoury, and inspected. The lungs are examined by making long incisions from apex to base, so as to expose the greatest possible surface. This can be done preferably by the thin, long, broad, brain knife, but the ordinary section knife is commonly used. Sections in different directions are then made to discover any local lesion or pathological change. The heart is next examined in the following routine. To test the competence of the semi-lunar valves, the heart must be