

to the report there were black spots in the mucus of the stomach, but there was no appearance of gangrene having supervened. These spots indicated an inflammation of the mucus membrane of the stomach. I do not think that the inflammation had existed long, chronic gastritis might produce the indications observed in the stomach, but there is generally a thickening of the mucus membrane. It is a nervous disease: it is a spasm of the stomach, which does not generally produce cramps; the pain often comes on at intervals. I can base no diagnostic fact of the brain being congested as it exists in so many diseases: people dying of a tetanic disease have this symptom. I cannot form an opinion as to the cause of effusion of blood in the pericardium taken by itself: it is not a sign of dropsy of the heart because the effusion in that case would be of serum and not of blood. The putrefaction of the intestines as described in the report is in my opinion due to post mortem decomposition. I performed some of my experiments on the mucus alone, but I repeated them in presence of Dr. Bru-  
neau, some of them were also made in presence of the coroner. I am certain that the reagents I used were pure. The colors mentioned are produced by strychnine alone, if I except a South American poison called curara, that poison produces the same series of colours, but there is none of it in this country. As to the authors who do not believe in the colour test, I will believe them when they show me anything else that will produce the same series; until such time nothing will shake my conviction that the test is an infallible one—curara always excepted; absorption does not decompose strychnine, nor is it decomposed by the secretions. Chemists have sometimes failed to discover strychnine which existed in organic matters. I know that chemists report having applied the color test in vain, where strychnine had been ingested, but I have succeeded every time I have tried the experiment. I never was a professor of either chemistry or toxicology. I did not say that I had found strychnine in crystal in operating upon the duodenum and the mucus of the stomach, I have not any of the results of my experiments here. In the experiments upon the duodenum, the colours were well defined. I do not consider the bitter taste alone a certain indication of the presence of strychnine, I do not attach very great value to it, although it has its weight. The second method I employed is one that is well known but which has received no name, it emanates from Drs. Rodgers and Girdwood, I do not know whether it has ever been judicially proved. I see in Palmer's case that the inventors of this method cite in support of their views, many experiments that they have made with it. I repeat that the colour test is a sufficient proof of the presence of strychnine without anything else. The result of my experiments does not enable me to calculate the quantity of strychnine that would be contained in the whole body. I cannot say whether every part of the body would contain an equal quantity of strychnine. I forgot to mention as being amongst the symptoms described, that any noise or the slightest touch of the patient produced tetanic convulsions. The clenching of the hands and bending down of the toes are symptoms of strychnism and also of tetanus. There is no natural disease, excepting perhaps tetanus in which cadaveric rigidity would exist so soon after death as reported in this case. No one symptom is sufficient to lead to a conclusion of poisoning, you want a combination of symptoms. The pains experienced in angina pectoris and in strychnism are not of the same character. In angina pectoris, it is more than a pain, it is agony, and the seat of it is in the middle of the sternum.