

etc., and the internal examination must be varied from the usual routine so as to afford to the chemist the best possible opportunities for the detection of the poison, and moreover, to determine in what organs the poison is located. To this end it is imperative that the organs be placed in separate jars, preferably new ones, cleaned under the supervision of the examiner, and sealed, labelled, delivered, and identified by the examiner as the proper ones and untampered with.

The abdomen should be opened first, the esophagus and duodenum ligated, stomach removed unopened, and transferred to separate jar and sealed. The intestine then double ligatured in several places, removed, placed in separate jars and labelled. Then the liver in a special jar, and then the kidneys also. If any urine is contained in the bladder it is advisable to remove it to a suitable receptacle and preserve it also. No preservative fluid should be used for these specimens, but if it is absolutely necessary, then the fact should be stated on the label and the amount and formula also stated.

The labels should also state whether there has been embalming fluid used or not before the post-mortem was done. Some advise the opening of the hollow viscera and preservation of the contents in order to examine the wall in a recent condition, but this always gives a chance for possible contamination of the contents and is in the majority of cases not advisable.

The possibility of poison in the stomach co-existing with a ruptured aneurism, a clot in the brain, or a diseased heart, must not be forgotten.

In connection with this paper I would like to say a few words in regard to two cases that have come under my observation illustrating the advantage of a thorough examination.

In regard to the first of these I must crave your indulgence because I have already published the case, but as some of you may not have seen it I shall read from the report of the case from the *Canada Lancet*, November 3rd, 1900, read before the Toronto Clinical Society, October 3rd, 1900.

On the left side, commencing one and five-eighths inches outside the nipple line and on a line with the nipple itself, was the external wound or wound of entrance. The bullet had fractured and punctured the fifth rib two and three-quarter inches from its junction with the cartilage. It then passed through the pleura and through the anterior angle of the upper lobe of the left lung, then through the pericardium, then along the left border of the heart, which it grooved up, and then passed backwards tunnelling the fat in the left auriculo-ventricular groove, then passed out of the pericardium and backwards through the posterior portion of the lower lobe of the left lung, and still backwards into the aorta and just