

130, and weak. He vomited about every 15 or 20 minutes, and the vomited matter was almost pure blood. The blood was partly in clots and partly fluid. The pain of which he complained at the epigastrium was relieved for a few minutes by vomiting; but it soon returned. The features were pinched and the surface generally cool, and covered by a clammy sweat. Urine not suppressed. He constantly hawked and endeavoured to clear his throat, but the voice, though husky, was not lost. Respiration not impeded. He remained in this condition until about 7 A.M., Feb. 6th, when the hemorrhage ceased, and the vomiting became less frequent. During the day he remained in much the same condition, constantly hawking and unable to retain fluids, the smallest mouthful of water bringing on vomiting almost immediately. He complained of pain on the right side of the chest, and constantly struck his right breast with his hand. Pulse very weak and rapid. Towards evening he became delirious, and was so all night. On the 7th, his condition remained much the same. Some delirium, but less noisy. Had morphia, gr. ss., and liquor atropiæ,  $\mathfrak{m}$  ii, hypodermically, which gave him a good night's rest, comparatively: that is to say, the pain was very much relieved, and he dozed almost all night, only speaking at intervals. Next morning (Wednesday, Feb. 8th) he seemed easier and more comfortable. Pulse still very weak; it has never been less than 130 since Sunday evening. Is quite rational. He cannot keep anything on his stomach; hawks and spits a great deal, and occasionally, but rarely, vomits. In the evening, Dr. Ross saw him with me for the third time since his illness. He was then much weaker, but sensible, and spoke intelligently of his case, expressing the conviction that he should not recover, and that the mucous membrane of his œsophagus and stomach were sloughing. His opinion seemed to be justified by the odour of what he hawked up, which was exceedingly offensive. The abdomen was very much swollen and tympanitic, but there was not much tenderness, if any. Bowels move involuntarily. His condition remained much the same until he died of exhaustion at 4.30 P.M. on Thursday, Feb. 9th, about 94 hours after taking his fatal dose. He was quite sensible until about a quarter of an hour before his death.