

bounding the adjoining portion of the blood-clot. Moreover, the peripheral portion of the clot in this vicinity was disposed in pretty firm concentric layers. It was further found that the cyst below the lower margin of the pancreas, in which the bullet was found, was situated three and one-half inches to the left of the celiac axis.

Sides the mass of coagulated blood just described, another, about the size of a walnut, was found in the greater omentum, near the splenic extremity of the stomach. The communication, if any, between this and the larger hemorrhagic mass could not be made out.

The examination of the *thoracic viscera* resulted as follows :

The *heart* weighed eleven ounces. All the cavities were entirely empty except the right ventricle, in which a few shreds of soft, reddish, coagulated blood adhered to the internal surface. On the surface of the mitral valve there were several spots of fatty degeneration ; with this exception the cardiac valves were normal. The muscular tissue of the heart was soft, and tore easily. A few spots of fatty degeneration existed in the lining membrane of the aorta just above the semilunar valves, and a slender clot of fibrin was found in the aorta, where it was divided, about two inches from these valves for the removal of the heart.

On the right side slight pleuritic adhesions existed between the convex surface of the lower lobe of the lung and the costal pleura, and firm adhesions between the anterior edge of the lower lobe, the pericardium, and the diaphragm. The *right lung* weighed thirty-two ounces. The posterior part of the fissure, between its upper and lower lobes, was congenitally incomplete. The lower lobe of the right lung was hypostatically congested, and considerable portions, especially toward its base, were the seat of broncho pneumonia. The bronchial tubes contained a considerable quantity of stringy muco-pus ; their mucous surface was reddened by catarrhal bronchitis. The lung-tissue was oedematous,* but contained no abscesses or infarctions.

On the left side the lower lobe of the lung was bound behind to the costal pleura, above to the upper lobe, and below to the diaphragm, by pretty firm pleuritic adhesions. The *left lung* weighed twenty-seven ounces. The condition of the bronchial tubes and of the lung-tissue was very nearly the same as on the right side, the chief difference being that the area of the broncho-pneumonia in the lower lobe was much less extensive in the left lung than in the right. In the lateral part of the lower lobe of the left lung, and about an inch from its pleural surface, there was a group of four minute areas of gray hepatization, each about one-eighth of an inch in diameter. There were no infarctions and no abscesses in any part of the lung-tissue.

The surgeons assisting at the autopsy were unanimously of the opinion that, on reviewing the history

of the case in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured spongy tissue of the vertebra, furnish a sufficient explanation of the septic conditions which existed during life.

About an hour after the post-mortem examination was completed the physicians named at the commencement of this report assembled for further consultation in an adjoining cottage ; a brief outline of the results of the post-mortem examination was drawn up, signed by all the physicians, and handed to private secretary J. Stanley Brown, who was requested to furnish copies to the newspaper press.

(Signed)

D. W. BLISS,
J. K. BARNES,
J. J. WOODWARD,
ROBERT REYBURN,
D. S. LAMB.

THE CANADA MEDICAL RECORD,

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MONTREAL, NOVEMBER, 1881.

THE HAYVERN MURDER CASE.

We publish in this number of the RECORD an article by Dr. Henry Howard on the Hayvern murder case, which demands something more than a passing notice. We might reasonably have expected to find in a communication of such length a clear exposition of Dr. Howard's views, and a detailed report of the clinical facts upon which his extraordinary diagnosis of insanity was based. We regret, however, that he has preferred misrepresentations and sweeping assertions, theories and vague generalities, to the calm statement and discussion of scientific facts. We are surprised that "*indignation*" and "*bile*" could have made Dr. Howard so forgetful of his dignity and self-respect as to stoop to personalities so unbecoming to a scientific and educated gentleman. The psychological question, as to whether the writer of our October editorial is "*a bad man, or madman, a good man, a knave, a fool, or a sage,*"

* A part, at least, of this condition was doubtless due to the extravasation of the injecting fluid used by the embalmer.