The integuments covering the liver were observed after some weeks to be covered with erysipelatous inflammation, which terminated in sloughing, so that it became exposed. In this state she laid seven weeks, large sloughy portions frequently coming away, and, during the last, whatever she swallowed passed out quickly at the opening in the side. In addition to this enormous wound, which discharged profusely daily, the whole of the nates and lower part of the back were for a long time in a state of mortification.

One sister struggled an unusual length of time against dropsy, with diseased liver, after repeatedappings, and another resisted the most extensive and formidable scrofulous disease I ever witnessed for more than a year.

Bridgwater, June, 1843.

CASE OF SUDDEN DEATH SIMULATING POISONING BY OPIUM.

By J. BERNCASTLE, Esq., M.R.C.S., Croydon.

I was sent for on Tuesday, the 25th day of April, 1843, at six, a.m., to attend, on the part of the Croydon union, the illegitimate infant, six weeks old, of a pauper named Aldridge. The child was said to be in a fit. On my arrival at the house I found the child dead. I had scarcely asked the mother and grandmother a few questions, when the latter begged of me to examine the body, and see that there had been no "misconduct" on their part. I thought that remark rather unusual, and examined the body more minutely, but could not discover any marks of violence, nor anything to lead me to suppose that the child had not died from natural causes. The face and body were quite pallid, and the mouth and eyes closed, without any unusual appearance.

A few hours afterwards Mr. Smith, the registrar of deaths, sent to know whether an inquest would be required, as he had heard it reported by the neighbours that the child had died from unfair means. The inquest was consequently ordered, and, thinking that I might elicit from the parties a few more points concerning the case, I called again in the afternoon, seven hours after death had taken place, and found the body laid out. I requested that the clothes should be taken off, and, to my great surprise, I observed the head, trunk, and extremities to be covered with livid patches of ecchymosis, of a large size, pretty general all over the body. Knowing this cadaveric appearance so soon after death to be one of the common results from poisoning by opium, and having seen it in several cases that had terminated fatally, my attention was immediately directed into that channel, and I asked the friends whether they had given the child any syrup of poppies, Godfrey's cordial, or laudanum, but they stoutly denied having given anything at all.

After cross-examining them pretty closely, I learnt that the child, otherwise remarkably healthy, had been for the last few days uncommonly fretful, and particularly so on the Sunday; that on the Monday he became very drowsy, and slept all day and night without intermission until early on Tuesday morning,

when it was suddenly seized with the convulsive fits that carried him off, and to relieve which I had been called in. The history of the case, coupled with the appearance of the body after death, being, as every medical man well knows, exactly those of poisoning by opium, the impression on my mind was that the child might have died from the effects of that drug, or some of its compounds, either given intentionally, or in an over-dose through ignorance. The child being illegitimate might have also tended to strengthen the suspicion. In fact, had the child been known to have died from opium, the appearances above named would be all that one would expect to find without an autopsy.

Well, what did Mr. Carter, the coroner for Surrey, do? Instead of being guided by the medical evidence, and using it as the means to come at the truth, he at once turns round upon me, and wishes to persuade the jury that there are no grounds whatever for presuming that the child had died from any other than natural causes!—that he had frequently seen the livid appearance of the skin, which always arose from persons lying after death—that infants frequently died from apoplexy, and the like trash—that, besides, it was absurd to suspect that anything had been given to the child, when the mother and the two other respectable witnesses swore to the contrary—that they were respectable people (all three paupers, and interested parties), he was bound to believe them on their oath—and that he did not think a post-mortem inspection necessary, as there was not the slightest tittle of evidence to prove that anything in the shape of narcotics had been administered! Now, the chain of symptoms and circumstantial evidence throughout this case were so clearly those of death by opium, and so unlike death from any other infantile disease, that nothing but the grossest ignorance on medical subjects can excuse Mr. Carter for having so totally overlooked them, and disregarded the suggestions of the medical witness. On the contrary, he so far forgot his duty that he actually, in summing up the case to the jury, endeavoured to throw a slur upon the medical witness, by inferring that he had acted wrongly by at all exciting suspicions in a case where nothing whatever could warrant any person in supposing that the child had died from any other than natural causes.

But, had a post-mortem taken place, and, in spite of the oaths of these three respectable witnesses, poison had been found in the child's stomach, annulling all doubt upon the subject—and such cases are not uncommon—would he have thought then so lightly of medical evidence?

The case was dismissed summarily, and all parties entirely exculpated from any blame, the verdict being "Died from natural causes."

Now, would not a medical coroner at once have fallen in with the views of the medical witness?—and would not his attention have been seriously arrested upon the probability of poison in a case where all the circumstances were so well linked together as to rise rather more than a suspicion of guilt? Is it not generally by some vague, unconnected facts, that cases of poisoning are at first brought into notice? Before detecting the poison, are there not premonitory and concomitant signs and circumstances that put one

on the *qui vive*, and lead one to seek for it by further anatomical investigations? How, then, can any person not well acquainted, practically as well as theoretically, presume to offer his opinion on subjects of such importance that may involve the life of a fellow-creature? It is an anomaly that cannot exist any longer in a country boasting of high rank in civilisation. The time must come, and come shortly it will, when none but medical coroners will be allowed to fill that high office. Until then, we must not be surprised to see doubtful cases smothered in a similar way to the one here cited by Mr. Carter, or any other of his sapient non-medical colleagues.

CASE
OF
DIABETES MELLITUS,
WITH POST-MORTEM EXAMINATION.

Sarah Hallandale, aged sixteen. Her previous history was, that until the two preceding years, her general health had been good, but at the commencement of that period she began to emaciate, and she then observed that her urine became considerably increased in quantity; she became the subject of constant and insatiable thirst, her appetite becoming ravenous; menstruation, early developed, became arrested, and her increasing debility quite incapacitated her for her employment (that of a servant). She presented an appearance of squalid misery; her face, naturally mean and inexpressive, was haggard, and features shrunk; limbs excessively attenuated; skin dry and harsh; tongue and pulse diabetic—namely, the former vividly injected, resembling a piece of raw muscle, the latter round, soft, full, and dilated; urine about in twenty-four hours, specific gravity, 1.030.

At this time no evidence of phthisical disease existed. She was ordered the tincture of lytta, anti-monial wine, of each five minims three times a day; these were persevered in (the doses being slowly increased to twenty minims) and with considerable relief, her general health becoming greatly improved, and the urine decreased in quantity, till after the lapse of three months she became the subject of cerebral symptoms—viz., violent but transient delirium, some stupor and headache, under which she sunk; it was observed that no urine was passed during the twelve hours antecedent to her decease. Her chest had not been stethoscopically examined.

Examination of the Body, Seventeen Hours after Death.

Head.—The arachnoid was every where elevated by the interposition of fluid; in three or four spots it was decidedly thickened and opaque; the pia mater was remarkably and minutely injected; the substance of the left hemisphere was naturally firm, whilst that of the opposite one was softer; throughout its structure showed marks of congestion, in a section presented innumerable bloody points, which, on pressure, exuded a considerable quantity of blood, whilst in parts a peculiar pink hue was diffused over it; this was most remarkable at the anterior lobe of the right hemisphere and the pons Varolii, which were much discolored; both lateral ventricles contained fluid, the quantity being estimated at about three drachms.

Chest.—The apex of the left lung was firmly adherent by old pleuritic adhesions, whilst the base was attached in a similar manner to the diaphragm; all the lobes were firmly united to each other; the lower half of the lung was studded with tubercles, most of them in the suppurative stage; in the upper half was seated a vomica, capable of containing a large orange, filled with thin sanguineo-purulent matter, and surrounded by consolidated lung from tubercular deposit. The right lung, with the exception of pleuritic adhesions at the apex, was quite healthy. The bronchial tubes were somewhat injected.

Abdomen.—The liver was enlarged, and exceedingly gorged with blood, which flowed from it abundantly when cut into. The spleen was rather above the natural size, soft and dark from congestion. The left kidney was slightly enlarged, not hardened, but greatly congested; on removing its tunic the vessels were seen ramifying over the surface, distended with blood; the cortical substance appeared coarser than natural, and of a darker hue from congestion; the right kidney, in addition to these appearances, had its pelvis dilated, as also was the other part of the ureter, both being filled by urine of an opaque color and powerful urinous odor; no obstruction was found in the ureter.

The bladder, which contained about three ounces of urine, had its coats remarkably hypertrophied, together equalling about five or six lines. The thoracic duct, in its lower portion (which alone was examined), appeared in a healthy condition.

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To mark the onward progress of any human efforts, to retrace the path pursued, and watch the opposing difficulties or success of the adventurer, is often a contemplation fraught with feelings of pleasure, but rarely of admiration. To note the struggles men daily make for fortune and for fame, or see the achievement of their object, may elicit our congratulations, but not our wonder. The motives of the individual dispel all such feeling; the powerful and secret charm that works in the breast of each of these sons of ambition, urging on, supporting, and ensuring for them success in every attempted task, robs the act itself of all claim to praise, all right to commendation. That charm, potent as ignoble, is personal advantage—his own self-interest.

Rarely, indeed, can we turn from a retrospective examination of the efforts of the members of almost any profession, and see in their only object the benefit of their fellow-laborers. Few as are the practical illustrations, yet the greater number of them are assuredly to be met with in the profession to which we belong—a profession yielding to none other in the exercise of the brightest ornament which ever graces human character—charity—and which may now as