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from the Author

(10)

OBSERVATIONS

ON THE

MEDICAL EVIDENCE

GIVEN AT THE

TRIAL OF MARY HUNTER,

FOR THE ALLEGED MURDER OF HER HUSBAND BY ARSENIC,

AT LIVERPOOL SPRING ASSIZES, 1843,

IN REPLY TO CERTAIN PORTIONS OF

MR. P. H. HOLLAND'S PAMPHLET.

BY THOMAS W. DYSON.

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OBSERVATIONS, &c.

If the pamphlet, published by Mr. P. H. HOLLAND, and by him entitled, "A REPORT OF THE TRIAL OF MARY HUNTER," had contained a faithful report of the *Medical* Evidence alone, this reply would not have appeared: but when I find, that not only the general facts of the case, but that the data upon which the medical opinions were formed, and these opinions themselves, are mis-represented in most important particulars—symptoms and appearances, which were proved to exist, suppressed or altered; and others, which were not so, assumed as real—that medical authorities have been selected piecemeal just as they suited the hypothesis of the writer; whilst the general bearing of recorded experience on the subject is opposed to such construction—and when, upon a foundation thus laid he has built, I know not what charges against the medical witnesses, the parties conducting the prosecution, and the whole system of medical jurisprudence—I feel bound in justice to ourselves, to our profession, and to the public, not to allow the pamphlet to go forth without contradiction upon these points.

On the general facts of the case as they affect the accused, most men are able to form an opinion. With regard to the medical and chemical evidence, it is for those more particularly acquainted with such subjects, to decide how far the author of the pamphlet in question is justified in the conclusions to which he has arrived. If it can be shown, as he has ventured to assert, (page 32,) that "*all the symptoms* described in this case occur *in natural disease*, while *those most characteristic of arsenic* were *all of them absent*:"—that "the *morbid appearances* most characteristic of poison, were either not mentioned at all, or at least, were not strongly marked"—(page 37,) that this case "does not bear any close resemblance to one of arsenic—and that there were several symptoms which it is scarcely possible that it could have produced"—(page 34,) if, as asserted, "the two medical witnesses (Mr. Harrison and myself,) differ in our statement as to two of the most suspicious appearances, almost the only really suspicious appearances spoken of"—(page 41,) if all this be clearly proved, then, the odium which he has attempted to throw upon us for our opinion expressed on oath at the trial, "that deceased's death was caused by inflammation of the stomach and intestines, arising from the introduction of some foreign substance, which, from the symptoms and appearances, was most likely to have been arsenic," is fully deserved, —but if the contrary of all this be shown, and if I am able to prove that the general character of the "Report" upon which he rests these assertions is such as I have described, I have a right to claim for

Mr. Harrison and myself, an exculpation from the charges of ignorance, or something worse, insinuated by the pamphlet in question.

And how does the writer, who had of course no opportunity of ascertaining these symptoms and appearances support the opinion he has so strongly expressed?

Because my evidence does not accord with his view of the case, not only my medical knowledge and accuracy of observation, but even my veracity is questioned. Referring to the important appearance of extravasation of blood under the mucous membrane, he says, "Are we not justified in disregarding an *alleged* appearance which cannot have been strongly marked?"—again, "Mr. Harrison is doubtful about there being any real ulcers*—*Mr. Dyson says there were ulcers.* It is *therefore* (!) *doubtful.*" And again, in a letter, upon the subject, in the Medical Gazette of April 28th, by the same writer, "Mr. Dyson rests his opinion upon his *assertion* that there was intense inflammation, &c."

After a similar imputation, thrown out on the trial, had been indignantly repelled at the time, and subsequently apologized for in open court, and acknowledged by the prisoner's Counsel (on my producing a positive disclaimer from the gentleman referred to as its authority,) to be wholly without foundation, I will not trust myself to express what I feel at the repetition of the calumny, (in substance) implied in these very offensive expressions. Mr. Holland is no doubt entitled to the credit, which he so largely takes to himself, of interfering to save the accused, and of "getting up the defence;" but whether the "instructions" *appealed to by her counsel as his authority for putting the questions* which conveyed such imputation emanated from Mr. Holland or not, he tacitly admits their untruth, by omitting from his "Report" this part of my cross-examination. I feel assured, however, that the imputation, thus covertly repeated, will not weigh for one moment even with those to whom I am unknown; nor tend very much to strengthen the case which, with the *ingenuity* of an advocate, rather than the candour of a scientific enquirer, he has endeavoured to make out.

Although, after that retractation, and the gratifying manner in which the learned Judge expressed himself on the subject, I am not inclined further to notice the discreditable attempt to invalidate my testimony, to which I have alluded; yet, no consideration would justify me in passing over in a similar manner, the pamphlet itself, when I find it the subject of general discussion, and newspaper comment, and that a motion was even announced in the Town Council of the Borough, (amongst whom I find the pamphlet has been *industriously* circulated,) with what object is apparent enough in the following passage from a review of the pamphlet in the Manchester Advertiser and Chronicle, of the 6th May—"This case, with various others that have recently occupied public attention, renders highly

* Mr. Harrison requests me to give this statement his entire contradiction. Nothing in his evidence could justify such an assertion.

necessary, the appointment of Medical Coroners, or of *efficient Medical Officers, who should be regularly employed in post mortem examinations;* and to whom the public and the profession could look with confidence and reliance."

I have no intention or wish to question the propriety of the verdict of acquittal which has been given; my only object is, to vindicate the evidence which we gave upon the trial. Although I feel bound to lay before the public the strong grounds for our belief, that poison was the cause of Hunter's death, I have nothing to do, as a medical man, with the question how that poison came into his system. If Mr Holland's object had been merely to have vindicated Mary Hunter, his ingenuity would have suggested many ways in which arsenic might have found its way into some of the ingredients of the porridge, or into the pan in which it was made, without the intervention of the accused.

The improbability that a wife would cause the death of her husband upon whose weekly earnings she and her children were dependent for support, is alleged by Mr. Holland, and is no doubt a circumstance worthy of consideration. That the deceased died from the effects of poison, I think no pathologist, considering all the symptoms and appearances, can doubt. That such poison was wilfully administered by the accused, is a conclusion not essential to the present inquiry; and which, no one, after such a verdict would be justified in maintaining. If, therefore, I allude to any of Mr. Holland's arguments or assertious which do not directly relate to the medical evidence, it is rather incidentally, and in order to show what degree of dependence is to be placed upon other portions of the pamphlet.

It will be necessary, however, to the proper understanding of the case, to furnish an outline of the facts as they appeared in evidence on the inquest, and at the trial. This I shall do in the order of time in which they occurred, generally from the pamphlet itself; supplying, as I proceed, those portions which Mr. Holland has unintentionally, doubtless, mis-stated or omitted.

It was proved that the deceased, John Hunter, was a steady hard-working, healthy man; very regular in his habits, temperate, and frugal. All the witnesses—his sister, his fellow-workmen, and intimate friends, who had known him from childhood—agree in stating, that he enjoyed remarkably good health, and had never been absent from his work, or claimed the allowance from his sick-club, (except twice from accidents,) during twenty years.

On the Saturday week before deceased's illness, the deceased's wife met the witness Belshaw, an entire stranger to her, in Great Ancoats-street, offered her a share of her umbrella, (it was raining) and after some conversation, asked her to go with her to a druggist's near, to buy some arsenic, to kill twitchclocks and mice. The wife told her to say that she lived with her. The druggist, not considering the witness old enough, refused to sell any arsenic. On the following Saturday, the wife went to the shop of Mr. Davies, a druggist, to whom she was known in the neighbourhood, and

asked for arsenic to destroy mice. The druggist inquired had she not a cat? She said, she was "frightened of cats."* The druggist refused to sell her the arsenic unless she brought a witness, and said, she might send her husband at night without coming with him, as he could confirm her account what it was for.

The husband passed this shop daily—going to, and from his work,—but did not call. In the evening the wife came again with a woman named Dunn. She had asked Dunn to go with her to the pawnshop, and on their way, called at Mr. Davies', and told him that her husband was at his club, (this, it was proved by the Secretaries, was not true,) and on Dunn's saying "it was all right," the arsenic was given to her. The wife asked "Is there as much here as will kill a person?" The druggist said "Yes a dozen persons;" and begged her to be very careful with it. The wife treated Dunn to some drink, and nothing more was then said about the pawnshop.

On Friday evening, November 25th, deceased left his work at half-past five o'clock, in good health and spirits, as stated by his fellow-workmen. He was seen near his own house at twenty minutes to six. On beginning to take his milk-porridge, which his wife had as usual made for him, after swallowing a few spoonfuls, he complained of an unusual taste—said he was sure his wife had put something in it—eat again, but finally left the greater part, which she threw with the basin into the privy. According to his wife's statement, she tasted it also, and it made her sick.

This *immediate* sickness of the wife, if real, is very remarkable. Mr. Holland says, "it may have been the effect of *imagination* at seeing her husband sick;" but clearly *deceased* was not sick, as his wife told Mrs. Whittaker, till *half an hour after* he tasted the porridge.

About a quarter past six, Mrs. Street, the next door neighbour, heard him vomiting, and twenty minutes *afterwards*, Mrs. Hunter came and asked Mrs. Street to go in. Witness found deceased vomiting and retching severely at the slopstone in the kitchen. He com-

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* Amongst the means which Mr. Holland has adopted to discredit the prosecution is the following:—on the speech of Mr. Wilkins, who, in the opinion of those who heard him, discharged his duty with equal ability and forbearance, (a somewhat meagre and incorrect account of which, as indeed of the whole case, is given from the Liverpool papers, instead of the admirable and complete report in the Manchester Guardian,)—Mr. Holland observes, "that several important statements were not sustained by evidence," which he puts in Italics. "There was one case of suppression of evidence in favour of the accused which was peculiarly striking." "It would be proved, said Mr. Wilkins, that she kept a cat, and had never manifested any antipathy to it." "Now it ought to have been in Mr. Wilkins's Instructions, for it was in the Depositions taken on the Inquest, that one of the witnesses, Caroline Bedford, recollected the prisoner telling her, that on seeing a cat kill a rat in her presence 'it frightened her very bad—she fainted away through it.'" Mr. Holland actually affects to consider the distress or fright, which most women would feel at seeing the *worrying of a rat*, as confirmatory of her statement to Mr. Davies, that she had an antipathy to a cat. "A *curious* confirmation" certainly it is, but scarcely sufficient ground for imputing deliberate unfairness to the Prosecutors in overlooking it.

plained of pain in his bowels. When asked "had he got the bowel complaint?" He said "no, it's that porridge I've taken,—Mary" (his wife,) "has either put Cayenne pepper or snuff into it, my throat is so very hot."

Several times within the previous fortnight, his wife had told the neighbours that she had dreamed of his death, and "was sure he would die sudden." Almost immediately after his sickness began, she went into a neighbour's house, reminded her of the dream, and said, "she knew he was a dead man." Mr. Holland says, page 31, this "expectation" of his death "was not greater than the severity of the disease would warrant." However this may be, she made no attempt to get medical aid. *Deceased* said, "he must have help," (Mrs. Street's evidence.)—Mr. Holland says, "she, (the wife,) was the first to go for a surgeon. *Deceased* "expressed a wish to have Mr. Lonsdale,"—(Mrs. Street,) Mr. Holland says, page 13, "*she* quite naturally selected their own doctor." She was absent half or three quarters of an hour, and on her return said neither Mr. Cooke nor Mr. Lonsdale was in. They both live, as does Mr. Davies, who had before given the wife medicine for her children, within a few hundred yards of her house. Mr. Cooke did not come at all—Mr. Lonsdale came at one o'clock, P.M., *the following day.* She had said her husband was a dead man, and therefore knew the necessity of *immediate* aid. Yet Mr. Holland calls Mr. Lonsdale's coming next day at one, "a proof that Mrs. Hunter had really gone to him *that night.*"

Deceased's vomiting and retching continued,—diarrhœa came on; at a neighbour's suggestion another surgeon (Mr. Harrison) was sent for. He continued growing worse until between eight and nine, when a state approaching collapse ensued, which continued until he died—seventy-six hours after taking the porridge. Deceased's evacuations were immediately taken down stairs and thrown away, each time they occurred, by his wife. When asked for the meal of which the porridge had been made, she said she had burnt it, adding "if it's made him ill, it shall make nobody else ill." The porridge, as we have seen, she had also thrown away.

Deceased's children, of four and a half, and one and a half years of age, had been sent out by the mother, with the witness Elizabeth Bedford, shortly before his usual time of returning home,* with orders to return at seven. It was deceased's invariable custom to have one of these children upon his knee, and the other by his side, when taking his porridge, and to feed them with a portion of it. "They had been out at three o'clock on this day, and had not been so long back when she (the mother) sent them out again." The witness a little girl of seven years old, being asked by the prisoner's counsel, whether she did not always take out the children on a Friday, when their mother cleaned the house, said, she did. Mrs. Hunter was cleaning the room up stairs when she sent witness

* Mr. Holland makes Mr. Wilkins say, "an hour before he came home," and entirely omits the order to remain out till seven, Mr. Wilkins said, consistently with the evidence, "*five minutes* before he came home."—(*Guardian.*)

out. The rooms down stairs were clean. It would be dark at this time. (November 25th.)

Mr. Willis, Mr. Harrison's assistant, came about nine o'clock. The wife told him, that "her husband was well when he came home, that he said the porridge had made him sick, but," she added, "it was very good, made with milk, thickened with oatmeal."

Mr. Willis asked to see it—she said she had thrown it away; he asked to look at the evacuations—these she had also thrown away, except the last motion, the colour of which, indicating an absence of bile, led him to say, "deceased's liver was slightly affected." The vomiting and purging were not over when Mr. Willis left. Deceased did not complain of burning in the throat. Mr. Holland says, "that sensation had *left him*," whereas it was never mentioned. Mr. Willis anticipated his recovery and never gave the wife any reason to believe the contrary. He treated it as a case of cholera.

On Saturday morning deceased told Mrs. Tongue he should like to see Mary Ann Jackson, his sister. His wife came up stairs afterwards, and witness told her. She took witness into another room, and said, "I don't like them, nor they me, and for that reason I shan't send for them."—Mrs. Jackson did come just before Hunter's decease, and his wife then said to her, that she *could* not send, as no one knew where to find them.

Another witness, William Cooke, (deceased's most intimate friend,) never heard of his illness till after his death.

Sarah Tongue says, "She did not make him comfortable during his illness." Hugh Mc. Gilton states, that deceased complained on the Sunday, "that the prisoner did not pay him sufficient attention." Mr. Harrison noticed on Sunday night, that the bottle of hot water, which he had ordered to his feet in the morning, was lying uncorked in the bed, and the water had escaped. He also says, she did not press him to repeat his visit,—never once asked him what ailed her husband, or seemed to be much concerned about him. The wife was in liquor most of the time of his illness, and, within half an hour of his death, was sitting on the step of the street door smoking. Yet, Mr. Holland says, "she nursed him attentively throughout his illness."—*Medical Gazette.*

"On the night he died," (says Caroline Bedford,) "she sent me for sheets about half-past nine, to lay him out.—He died five minutes before ten. I did not go till a quarter of an hour after.—I was surprised she sent me, and said, 'It is time enough.' She asked me again. It is not usual to lay out so soon after death. It would not have been easy to have got them if I had set out later."

Deceased's brother and sister expressed a wish that his body should be opened. This his wife positively refused more than once, saying, "that he had died a natural death." At the instance of his relations, however, a *post mortem* examination was subsequently directed by the coroner.

The morning after his decease, the wife went to Mr. Harrison at an early hour evidently *excited* with liquor, and requested him to give her a note to get her husband's money out of the Savings' Bank.

On Tuesday forenoon, the Coroner's officer, Phillipson, called on Mrs. Hunter, and stated who he was, and his object—to ascertain if it were a case for an inquest. In answer to his inquiry whether any one in the house had died suddenly, she said "No, that the deceased had been ill a long time—had been a dying man *for several weeks.*"—(Mr. Holland substitutes the words "*a long time.*") "His death was not unexpected, as he had been dying from his toes and finger ends upwards, *many days.*"—(Mr. Holland omits the words "many days" and then says,—"this expression, dying from the feet upwards, is very commonly used by the poor, to express loss of sensibility in the extremities, which appears to have been the case in this instance,") "that the Doctor said, 'that her husband had died of the liver complaint—that he had wasted away, and there was not so much as this, (shewing the ends of her fingers, being about the size of a good large cockle,) and, as that little wasted, he would die upwards, as he had done the night before at ten o'clock.'" She further stated, "that Mr. Harrison promised to give her a certificate that her husband died a natural death."

After being taken into custody by Phillipson, she said, "he had herring and potatos to his dinner on Friday, and when he returned from his work inthe evening, he was immediately seized with vomiting and purging—that he never tasted any food after he came home, and that he had no supper."

At the police office, when asked by Mr. Beswick the chief superintendent of police, if she knew on what charge she was brought there, she said, "she did not." After warning her that anything she said might be used in evidence against her, Mr. Beswick said, "you are charged with administering poison to your deceased husband, and the suspicion is, that you gave it him in some boiled milk, on Friday evening last, after he returned from his work; and upon making inquiry, I find that you purchased at the shop of Mr. Davies, druggist, of Travis-street, from ten to fourteen days ago, two ounces of arsenic, for which you paid two-pence." She replied, "that she had neither purchased arsenic from Mr. Davies nor any other person." This was nearly an hour after her apprehension; and Mr. Beswick adds, "that he never saw a woman more calm in his life." Mr. Holland, in the face of this evidence, attributes her denial to "fright, or forgetfulness." Subsequently, on being recognized by Mr. Davies, as the woman to whom he sold the arsenic, she replied, "I bought the arsenic on Saturday night to kill twitch-clocks:" (she told Mr. Davies "mice") "I got some drink and lost it—you think I gave it to my husband, but you are mistaken."

Mr. Holland again charges Mr. Wilkins with creating prejudice, by his statement of Mrs. Dunn's evidence;—with what justice may be inferred from the following extract. Dunn says, "I had never gone on such an errand before; on the road we had two pennyworth of whiskey—when we left there, we went into Mr. Davies' shop—she had not said anything about going there previously—she said she had come for that stuff—we never went to the pawnshop at all—she told me the following Monday she had

lost the arsenic—she did not say whether she was drunk or sober." —(*Guardian.*) Both Dunn and Mary Hunter positively denied having purchased the arsenic, until severally confronted with Mr. Davies. Mary Hunter *then* said, "that she had lost it." Yet Mr. Holland says, page 31,—" This account" (the *same* as Dunn states, Mary Hunter given to her,) " was probably the true one, as if contrived for deception, she would have given it at first when charged with the murder;" or in other words, *because her first statement was false,—therefore,* her second must be true!

A minute search was made in Deceased's house, but no mice, nor the slightest vestiges or signs of them found. According to all the neighbours and acquaintance, no mice had ever been heard of, in that, or the neighbouring houses.

Among other instances of the rather ingenious way in which Mr. Holland deals with his quotations, is the following. In enumerating the circumstances of moral proof in charges of poisoning, which he professes to quote with " slight alterations" from Dr. Christison, he mentions:—" Purchase of poison recently before the alleged crime, and under false pretences, or *secretly,*" and adds, " it was in this case recently purchased, but *not secretly,* and it, very *probably, was wanted* for the purpose assigned." The passage as it really stands in Dr. Christison's work, is as follows:— " Purchase or possession of poison, recently before the date of the alleged crime, and the procuring it under false pretences, *such as for poisoning rats, when there are none on the premises, or for purposes to which it is never applied.* So a few lines further down, after the words " directly or indirectly preventing medical advice being procured," Dr. Christison says, " *or the relations of the dying man being sent for,*" which Mr. Holland altogether omits. These variations from the original (indicated by italics,) are somewhat remarkable.

Throughout deceased's illness, from his first statement to Mrs. Street, to the account, given shortly before his death, as recorded by Mrs. Jackson, he blamed the porridge only. His wife never once attributed his illness to the porridge, and I would request the reader's attention to Mr. Holland's mis-statement of the evidence on this head, and the use which is made of it—p. p. 12 and 31, in the " Report."

I quote the entire passage from Mrs. Street's evidence, with Mr. Holland's observations upon it within brackets.

" The prisoner then came in, and said *she thought* it was his porridge that made him ill.

[Very unlikely that she would herself attribute his illness to the porridge, had she guilty knowledge of its contents.]

He said, " Give the porridge to the dog." The prisoner said she thought if it was not fit for him it was not fit for the dog, and that she had thrown it away, and the basin which contained it into the midden.

[How natural was this conduct! Who that loves a dog would not have done just the same, and this evidence of the kindliness of her disposition, was urged as a proof that she knew the porridge was poisoned, and would not give it to the dog lest its subsequent death should expose her guilt.]

She said she had tasted the porridge, that it had made her sick, and that she had swallowed two spoonsful.

[Mrs. Hunter says she did taste the porridge herself, and felt a momentary sickness; this may have been the effect of imagination from seeing her husband sick. Had she poisoned it, she would perhaps have *said** she had taken some, and it had not made her sick, and, therefore it could not have been that which made him ill."]

Will it be believed that the evidence really given was as follows:—

"While I was holding deceased's head, the prisoner came in and said, *John* thought it was his porridge that made him ill, and that he had desired her to give the porridge to the dog; but that *she thought* if it was not fit for him, it was not fit for the dog, and *that she had thrown* both it and the basin into the midden."

It will be seen that by dividing sentences, and slightly altering expressions, the whole effect of the evidence is changed. Deceased would of course direct the porridge to be given to the dog, not when sick, as Mr. Holland puts it, but, as soon as the "curious taste" had caused him to leave it. How far so strange a disposal of both porridge and basin, then, and before any sickness had been produced, is to be accounted for by her "kindliness of disposition" to the dog, of course the reader will judge.

The porridge and basin which Mrs. Hunter threw away, were never found. The midden was cleaned out on the night after deceased died, (Tuesday,) it was not ascertained by whom. Some *thick water porridge* was found there on the Friday after, taken to Mr. Davies, the chemist, and analyzed. This Mr. Holland says, "is supposed to be the porridge which the prisoner threw away," although the evidence, in his own report, shows that the latter was *milk* porridge.

Before proceeding to consider the symptoms and cause of of death, I will bring together in this place, all the accounts which we find given respecting them by deceased and his wife.

Deceased said to Mrs. Jackson, his sister—

"He was very well when he came home, on the previous Friday, from his work." "I began to eat my milk porridge, as I usually did, and as I began, I said 'Mary (meaning his wife,) thou hast put something into my porridge:' she said not. He said 'I am sure thou hast,' and he asked her to taste them, and she said they made her sick; and he eat again of them, and he said 'I am sure thou has put something in them; for he said 'I never eat porridge to taste like these before,' and in about half an hour after he began to be very sick."

Deceased's account to Mrs. Street, and Mrs. Tongue, I have already given, p. p. 6—7.

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* Had Mr. Holland had the counsels' brief before him, he could not more correctly have penned her words, which were, to Mr. Willis, "that it could not be the porridge (which had made him ill) as she had tasted it and it was very nice, made of milk thickened with oatmeal."

His wife's statement to Phillipson was—when he returned from his work in the evening, he was immediately seized with vomiting and purging; that he never tasted any food after he so came home; that he had no supper."—" That the doctors said he had the liver complaint, and that as it wasted, he would die away as he had done the night before." "His liver had wasted to the size of a nut."

To Thomas Jackson—" He was taken in the petty—when he came back, he sat in an arm chair, and he was drawn in a curious form—his head one way, and his body another."

To Ann Whittaker—" That he was taken ill about half an hour after eating his porridge—that he was struck with death when it first began—and that he would be black where he was first struck—and those who laid him out would see it."

To Hugh M'Gilton—On Monday at noon, she said that "the doctor says, 'he'll not last many days, *his liver's almost gone*;' *Mr. Harrison said so*;" M'Gilton said, "I don't believe it, for if there had been anything of the kind, Mr. Harrison would have said so to me."

To Mrs. Jackson—On Monday evening, the wife stated that, "Mr. Harrison said, 'he could not comprehend the disorder at all,' but that his young man, Mr. Willis, had told her, his liver was reduced to the size of a nut." The account given by prisoner (says Mr. Holland,) "was certainly incorrect; but there was not more exaggeration about it, than is quite common." On the Sunday she had said to Mr. Davies, the druggist, when asked what ailed her husband, "that she did not know what was the matter with him."

To Mr. Willis,—deceased said,—" he was sick, sick to death; that he had had some porridge." His wife said,—" he said, the porridge made him sick, but it was good porridge, and she had made it of milk, thickened with oatmeal." No allusion was made by either deceased or his wife to the previous ailments which Mr Holland has so *accurately* enumerated and described.

It has been stated, that deceased's health had, up to the moment of his sickness been remarkably good; to support Mr. Holland's view, both as to medical and moral evidence, it is necessary to prove directly the reverse.

At page 35, he says, "we have no other evidence in this case that the deceased was in good health, except that he was at his work, but that is quite compatible with a considerable degree of indisposition." This is scarcely correct, even according to the "Report," for (p. 16,) the prisoner herself told Mr. Willis, that "her husband came home well." Let us now hear some important statements made by the witnesses, but which Mr. Holland has omitted.

When describing the commencement of his illness to his sister Mrs. Jackson:—deceased said, "*he was well when he came home from his work on the previous Friday, nothing ailed him.*"

To Mrs. Tongue—On the evening of his attack,—"*he was not poorly before he came home.*"

To Mr. Harrison—"*He had had good health.*"

To Thomas Jackson, in prisoner's presence—"*Until he took the porridge, he was well and hearty.*"

"*Henry Baxter had known deceased twenty years, and he always had very good health.*"

"*Martha Ankers spoke to deceased as he was coming home, about half-past 5, on the night he was taken ill, he appeared quite well.*"

"*Wm. Cooke had known him twenty-two years, and his health was always very good; had seen and spoken to him at twenty minutes before 6, going home; to all appearance he was in perfect health.*"

"*Hugh M'Gilton spoke to him three or four times that day, saw him pass the house, nothing the matter with him; he was as healthy a man as any he knew; had worked with him many years.*"

The same evidence was given by his sister, and all the other witnesses, who had the best opportunities of knowing. The viscera and every part of his body, except the recent inflammation which caused death, indicated perfect health.

How then shall we characterize the statements actually made by the writer, at page 14, that "it *would have been proved* that deceased was a sickly man, and low spirited; always ailing, but never ill;" —page 17,—"That deceased had long suffered from unaccountable pains in the belly, loss of appetite, had sallow complexion, offensive breath, and failing strength,"—or the following extract, from another account by the same writer, in the Medical Gazette—"That though never positively ill, he was rarely quite well; that he had recently had syphilis, and probably had had mercury; that he had habitually stinking breath, griping pains, uncertain appetite, and wind."

What shall we say of the alleged "habit of taking cayenne pepper," which Mr. Holland does not hesitate to assert, page 13, would have been proved for the defence, or, of his statement, "that she, (the wife') had, that morning, boiled for him some cayenne pepper, in the pan in which the porridge was made, and perhaps had forgot to wash it out?" None of his family or acquaintance were aware of such a habit. The wife herself, on tasting the porridge, never suggested the idea, remarked no hot taste at the time; and afterwards declared the porridge to have been very good. Deceased's very mention of "pepper *or* snuff," conclusively proves that he could not have been familiar with its flavour, as the subsequent distressing heat in the throat proves that he was not in the *habit* of taking it.

So too, of the "large meal of fat beef, herrings, and carrots," which is assumed as the cause of deceased's illness. There is not the slightest proof of his having eaten more heartily than usual:—he said to Mrs. Street—"he had had a *herring* for his dinner;"—to Mr. Willis, that "he had had *a* red herring for his dinner;"—his wife herself stated to Phillipson, that he had had "*herring* and potatoes to dinner." The fat beef was named by the wife when excusing

the porridge from all share in causing the illness; and the "carrots" depend solely upon Mrs. Street's description of the vomit, which she herself admits she did not notice.

I cannot but express my astonishment that a person of common sense and common fairness, should undertake a deliberate attack upon his professional brethren and the parties concerned, from public duty only, in the investigation, on mere assumptions such as these, unsupported by proof, and, as far as we can ascertain, directly contrary to the fact.

The writer first rests his opinion that this was not a case of poisoning by arsenic, on the alleged irregularity of occurrence, (as to time,) of some of the symptoms, and the absence of others.

"The symptoms which" (he says) "*were present*, and which it is scarcely possible arsenic could have produced, were immediate, but only temporary heat and smarting in the throat—immediate, but only temporary vomiting and purging, with very offensive evacuations of *both kinds*, and in *large quantity*," page 34. But in page 22, "violent and continued vomiting" is stated to be one of those peculiar symptoms of arsenic, which *were not present*.

Deceased's statement to Mrs. Jackson, (already quoted,) proves the *heat and smarting* in the throat *were not immediate*, though ensuing very shortly afterwards. There was a peculiarity in the *taste* of his porridge, which he could not at the time describe.

Mr. Holland says, p. 17, "Arsenic has no perceptible taste." His own authorities, and the almost universal report of those who have taken it in any quantity, contradict him. Martinet says, the taste is "acrid and metallic;"—*Manual of Pathology*, *p.* 350. Paris and Fonblanque, that it has "an austere taste."—*Medical Jurisprudence*, vol. 2, p. 216. Fodère, "that even a grain causes an indescribable and insupportable metallic taste."---*Christison on poisons*, p. 227. Christison "Its taste is not acrid, but faintly sweetish."---*Dispensatory*, 1842, p. 180. Nearly every other authority states it to have some taste. Particular enquiry was made on this point, in a recent case of poisoning by Fowler's solution of arsenic, which came under my notice: half an ounce was taken equal to two grains of arsenic. The patient stated, "It had a curious *taste*, rather warm in the throat."

It is possible that taken in articles of food, which have peculiar tastes of their own, it might not be perceived: but it would have been singular indeed, if the man alluded to by the writer, (who had taken a large quantity of arsenic, instead of cream of tartar—which is sour,) had *not* perceived the difference.

There can be no doubt that a sufficient quantity of arsenic, dissolved in such simple liquids as milk, or water, would, very shortly after swallowing, produce a *sensation of warmth* in the throat, gradually increasing, until it becomes, (as it did in this case,) the most distressing symptom. But it is clear, that deceased's impression of the taste of the porridge was, as Dr Christison says it usually is, "confounded with the inflammation in the throat, subsequently developed." This led him to say, half an hour afterwards,

when the heat in the throat was very great, that the porridge had had "cayenne pepper or snuff" put into it.

Nor was the "burning heat" *temporary*. Near two hours after taking the porridge, it was his most distressing symptom. [Mrs. Horsefield.] Mr. Willis did not *ask* about it, having no suspicion of arsenic: and from the first, deceased is described as being in such a state, that he never spoke except in reply to questions. The same cause which would produce the burning heat, would lead to the excessive thirst with which he was troubled during life.

The only authority for asserting that the vomiting was *immediate*, is Mrs. Tongue's evidence of what deceased told her, which differs from her own statement at the inquest, and is inconsistent with that of the other witnesses. She says he told her, (being at the time "so sick he could hardly repeat a word,") that "the moment he eat the porridge, he began to vomit, and when he had eaten a few spoonfuls, it began to smart his throat, and he began to retch and purge *as soon as ever he eat it.*" To suit his view of the case, Mr. Holland adopts this account, which is clearly absurd, as it makes the deceased continue eating his porridge *after he began to vomit!* At page 20 of the Report, Mr. Harrison is made to say, "Mr. Hunter said the vomiting came on *immediately* after taking his supper." The phrase used by Mr. Harrison was, "shortly after;" and he denied positively, several times over, that it was "*immediately*;" yet it is thus unwarrantably inserted.

Mrs. Hunter's own statement to Ann Whittaker was, "he was taken ill about *half an hour* after eating his porridge," and the same account was given by deceased to his sister Mrs. Jackson, (ante page 11.) That some such time must have elapsed is clear from the evidence given by other witnesses, as to his arrival at home, and the first alarm of sickness.—(*Cooke, Ankers, Street, &c.*)

"Purging," or diarrhœa, so far from coming on "*immediately*," (see page 33,) did not commence for half an hour *after* the sickness, consequently, about *an hour after taking the porridge.* When Mrs. Street came in, "twenty minutes after she had heard the vomiting," (not as Mr. Holland states, twenty minutes after *six*,) and asked whether he had the bowel complaint, deceased said No; and he had not been long at the petty, when found there by his wife on her return, after an absence of half to three-quarters of an hour, looking for medical aid, after Mrs. Street came in.

Mr. Holland says, page 14, "the fact of the matters first vomited being very *offensive* is also very important as indicative of previous disorder of the digestive organs."

The *fact* however is rather *disproved* by the evidence. Mrs. Street says, page 25, "the vomit might have had a bad smell, I did not notice it, and she was *the first* with him for half an hour, and held his head, page 13. Mrs. Tongue says, in explanation of her previous statement, "It was the contents of the *chamber vessel* that were offensive. *That* was what we desired to be emptied."

However recently food may have been taken, when vomited, surely Mr. Holland will hardly assert the absence of all smell.

If it remains in the stomach some hours, as it seems a portion of this man's dinner may have done, it might have become very offensive.

Frequent *alvine discharges* of a dark and extremely fetid matter, are specified by Paris and Fonblanque as one of the symptoms of poisoning by arsenic.

Sarah Horsefield noticed before she left deceased about three, A. M.—"round his mouth was all sore,—very white,—breaking out like a scurvy all round;—one or two blotches on his cheeks." Mr. Holland says, p. p. 25—34, "arsenic would not have produced such effect so soon", and again adopts the convenient supposition of "indigestion or dyspepsia". He *omits* the following portion of the very paragraph which he quotes from Dr. Christison, enumerating among the symptoms of poisoning by arsenic—"when diarrhœa is severe the anus is excoriated and affected with burning pain, nay, at times the mouth and lips are inflamed, presenting dark specks and blisters." Dr. Beck, in his Medical Jurisprudence, also gives these as symptoms of poisoning by arsenic. Dr. Christison has published a case where several members of the family of a Scotch baronet had taken at dinner about a grain of arsenic each dissolved in wine, and the lips of each of them the following morning were cracked and the skin peeled off.—*Edinburgh Medical and Surgical Journal*, —vol. 33, p. 67. It could not have been the cracked lip "common in dyspepsia," (as Mr. Holland thinks probable,) or it would most likely have been noticed previously. If a grain, where copious vomiting occurred, would produce this on several persons so soon, (say seven P. M. to ten A. M.,—fifteen hours,) might not a larger quantity produce such an appearance as Mrs. Horsefield describes, in about nine hours?

"The peculiar symptoms of arsenic, which," according to Mr. Holland, "were *none of them* present," were "*pain* and *tenderness—marked change* of *countenance* and voice—*violent* and *continued vomiting*—vomiting of *blood*."* On the first point he contradicts his own statement, for at page 14 he says, "This scream is all important, as it is a distinct indication, that at the time there *was* great tenderness of the belly;" adding, arsenic "is not likely to have produced this tenderness so soon, but if produced, it would not again subside." There certainly was pain in the stomach and bowels, but no tenderness. The witness merely says, "when we touched his *shoulders* to take him to bed, he screamed."

Mr. Taylor, one of the authorities alluded to by Mr. Holland, published some time ago in the Guy's Hospital Reports, (for 1837 I

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* Mr. Holland a few years ago published a case of poisoning by arsenic, in which every one of these *peculiar* symptoms was absent. Many of the post mortem appearances which he now considers needful to the proof, were in that case also absent. He concludes the case thus:—"This (the quantity) together with the large extent of surface acted upon, may account for the symptoms being those rather of stupor than of intense irritation."—*Medical Gazette, vol.* 15, page 829.

believe,) a case, in which, "in the first instance there was pain in the stomach; but this soon abated, and did not afterwards return to any perceptible extent."

The absence of the burning heat, and excruciating pain in the stomach, is more common than its presence, where, as in this case, the action of the poison is general, not local.

The effects of arsenic on the nervous system Mr. Holland declines to consider, as not bearing upon the present question. (page 34.) Yet, it is on this very point that the whole peculiarity of the case rests. Dr. Thomson says, "The most frequent cases of the narcotic (nervous) effects of arsenious acid occur, when the solution is taken, so that absorption quickly occurs, and the general action is displayed before the local action is fully developed. The practical inference to be deduced from this is, that arsenious acid may prove fatal without any violent or marked symptoms."—*Lectures on Medical Jurisprudence.*

Collapse is the result of this general action on the nervous system. Pain, of its local action on the stomach and bowels. Collapse destroys the sensibility to pain, consequently they cannot both be present to any extent. The collapse would also account for the subsequent absence of heat and burning in the throat, pain in the region of the bladder, red and inflamed eyes, and other urgent symptoms of irritation.

"No marked change of countenance or voice." Mr. Willis says, "the countenance was very pallid,—there was an expression of great anxiety." Mrs. Tongue—"He looked very curious, was quite melancholy in the face, as though worn out, fatigued, and was sweating." Mrs. Horsefield—"His face was very white, and he appeared quite stupified in his countenance." These witnesses saw him the first night. Mr. Harrison says, he had "a remarkable expression of anxiety," though probably, not more, (as Mr. Harrison said in reply to another question,) than "*excessive vomiting* from any cause might produce." This it must be recollected was sixteen hours after vomiting had ceased, and Mr. Holland denies (page 22,) that there was "excessive" vomiting. The "change of voice" is not even alluded to by some writers as a symptom of poisoning by arsenic.

"No violent or continued vomiting;"—of this the reader will judge from the evidence. We have seen that Mr. Holland, in page 33, twice admits that the vomiting was "*excessive,*" that it was "*severe and continued,*" in order to account for deceased's symptoms being produced without the supposition of poison; and in the Medical Gazette he says, "the vomiting and purging having continued *violently* for half an hour, gradually subsided."

"Vomiting of blood." This rarely occurs unless there is long continued vomiting, Dr. Apjohn says for twenty-four hours; or when *arsenic* in substance is adherent to the mucous coat of the stomach, the violent irritation and consequent straining to remove it, having the effect of rupturing the highly inflamed capillaries.

Mr. Holland quotes from Dr. Christison the following passage,

page 33, "In many instances, too, the urinary passages are affected, the patient being harassed with frequent, painful, and difficult micturition, swelling of the organs, and pain in the region of the bladder;" and adds, "Nothing of this sort is mentioned, the urine was scanty, as is common in *gastro-enteritis*;" omitting altogether the remainder of the paragraph for no other reason, apparently, than that it makes against his case:—"Sometimes the irritation of the urinary organs is so great as to be attended with a *total suppression* of urine. Urinary symptoms are seldom present unless the *lower bowels* are likewise strongly irritated, but are then *seldom wanting*. They are seldom well marked in cases of the present variety, unless life is prolonged *three days or more.*" (*Christison* p. 274.) How exactly this applies to our case I need not point out. Mr. Holland appears to have forgotten his own statement in the Medical Gazette, that deceased "had suppression of urine."

At page 33, Mr. Holland says, "no cramp whatever is mentioned before the evening of death," (Monday,) Mr. Harrison said, "he had cramp in his legs on Sunday." No "convulsive motions," he says, "were observed;" but these Dr. Christison adds, (omitted by Mr. Holland,) "are seldom violent, and generally consist of nothing else than tremors and twitches," which would easily escape notice.

The symptoms present in this case, occurred in the following order as near as can be ascertained by the evidence.

First day.—About a quarter before six,—deceased perceived a curious taste in the porridge, described *some time afterwards*, in connexion with the burning in his throat, as from having cayenne pepper or snuff, put into it. Burning heat and smarting in the throat came on very speedily, and was the most distressing symptom at half-past seven, near two hours after taking the porridge. Soon after six, violent and continued vomiting for half an hour, recurring at intervals, until eleven o'clock, in the whole, five hours. Incessant and distressing retching, during the intervals between the vomiting. About a quarter to seven, violent purging, accompanied by pains in the stomach and bowels. Purging with great straining, repeated at intervals, for five hours. Prostration of strength, so great as to be unable to walk. *All these came on within an hour after deceased had been in perfect health.*

When Mr. Willis saw him, (at the inquest it was said to be ten, at the trial, nine, and by Mr. Willis, eight o'clock,) deceased said, "he was sick to death, and purged." He was sitting in bed in a state approaching to collapse; extremities cold, retching violently. One witness, a nurse, says, "it was not a common retching, it was such a heavy retching as if his inside was coming up." Pulse very weak indeed,—countenance pallid, expressing great anxiety:—(heat in the throat, and pain in the stomach were not mentioned.) At twelve, no pain, but soreness from vomiting;—stupified and heavy expression of countenance, "very white in the face," cold extremities, perspiration, great restlessness, dimness of sight, tenesmus.

Second day.—Before three, a.m. Blotches and breaking out around his mouth like scurvy. During the day, "not much pain,

sore all over from vomiting, stomach very sick," anxious countenance great difficulty in breathing, pulsation nearly gone, cold extremities, irritation of the rectum, continual tenesmus, restlessness, nausea, excessive thirst, suppression of urine, no stupor, but very much indisposed to answer questions.

Third day.—Pulseless, cold extremities, constriction at the chest, and difficulty of breathing, thirst, no urine, tenesmus, cramps, perspiration, pricking and pains across the chest, aversion to speak.

Fourth day.—Monday morning. Sinking fast; could scarcely speak, and appeared dying: thirst and tenesmus continual to within an hour of his death, which occurred "with cramp" at ten, p.m., seventy-six hours after taking his porridge.

Do these symptoms I would ask, correspond or not with our present knowledge of the effects of arsenic?—Will any one, acquainted with the subject, support Mr. Holland in his conclusion, "that *all* the symptoms described, occur in natural disease, while those which were most characteristic of arsenic, were *all of them absent*?" We see that the only peculiarity in the onset, was the absence of pain, which is fully accounted for, by the speedy collapse. Even had absence,or irregularity of the most important symptoms been proved, what say the authorities? Paris and Fonblanque, after stating the usual symptoms, remark—"Such are the general symptoms, but it is rare to see them all united in the same case. Sometimes the greater part are absent. The practitioner is, therefore, not to withhold his belief in a case of poisoning, on account of the absence of several of those symptoms which are enumerated in systematic works on Toxicology: it is only by the study of individual cases, that he can learn to appreciate the just value of those pathognomic combinations, which afford the least exceptionable evidence upon such occasions."---*Medical Jurisprudence, vol. 2, page* 219.

Dr. Christison says, "Such is an account of the symptoms of poisoning by arsenic in their most frequent form. It will of course be understood, that they are liable to great variety as to violence. It must also be understood, that they are liable to great variety as to their mode of combination in actual cases, and they are by no means all present in every instance. The most remarkable, and least variable of them all, pain and vomiting, are sometimes wanting." And subsequently referring to the time of attack and progress of the symptoms, he says—"The observations now made will often prove important for deciding accusations of poisoning, for pointed evidence may be derived from the commencement of the symptoms after a suspected meal corresponding with the interval which is known to elapse in ascertained cases."--*P. p.* 272, 277.

In quoting Dr. Christison at page 34. "That the present doctrine of toxicologists and medical jurists seems universally to be, that symptoms alone can never supply decisive proof of the administration of arsenic,"—Mr. Holland should have stated, that the passage is put forward by Dr. Christison merely to be controverted. Dr. Christison adds,—"There are cases of poisoning with arsenic, not

numerous certainly, yet not very uncommon neither, which can hardly be confounded with natural disease; and what is of some consequence, they are precisely those in which the power of deciding from symptoms alone is most required, because the *chemical evidence* is always wanting. Either the peculiar combination of symptoms is such as cannot arise from natural causes, so far at least as the physician is acquainted with them: or these symptoms occur under collateral circumstances, which put natural causes almost, or altogether out of the question."

Mr. Holland remarks at p. 32, "That the symptoms (in Hunter's case) were not well marked, is evident, for the case was throughout mistaken by an experienced surgeon for cholera, and the idea of arsenic never entered his head, until after his patient's death, and it would have been curious if it had." The peculiar symptoms of arsenical poisoning were, when Mr. Harrison first saw the patient, overcome, by the action of the poison on the nervous system. Under such action, the case would so strongly resemble the collapse of cholera, that it would be almost impossible to distinguish between them. That Mr. Harrison did not mistake it "throughout" for cholera, is proved by his answers:—"I thought it a case of cholera *until* Sunday;" (not a common cholera, as Mr. Holland makes Mr. Harrison say at page 20, for Mr. Harrson, twice, during the trial, stated, that he had at first considered it "an extremely aggravated case of English cholera:") "*I then thought it a very unusual and mysterious case; I could give it no particular name:*" it was this unaccountable violence of the symptoms and singular character of the apparent disease, which led Mr. Harrison, (not satisfied with the wife's report,) to make enquiries of the neighbours concerning deceased's general health, habits, &c. and, afterwards, to speak of the peculiarity of his illness to a druggist in the neighbourhood, whose child Mr. Harrison was at that time attending. This druggist was Mr. Davies, who had shortly before sold the prisoner arsenic for the alleged purpose of poisoning mice, and he immediately acquainted Mr. Harrison with the circumstance.

What is a fatal dose?—It is generally admitted, that two or three grains are sufficient to destroy life in an adult. Dr. Beck says "two grains." The danger in which a patient was placed, who had taken only two grains, led me to believe this opinion to be correct: but I did not feel justified in stating this without the authority of recorded cases. I had not then been able to meet with a case, to warrant the assertion, that a less quantity than is mentioned by Dr. Christison, (30 grains,) was sufficient. Dr. Lachèse, a French writer, states as the result of his inquiries, that "one to two grains of arsenic may be sufficient to destroy life."—*British and Foreign Medical Review*, vol. 8, p. 569. "In a very small dose, when taken in solution, it simply excites vomiting." Half a grain given as medicine during one day, has been known to produce an illness of eight days. Dangerous

effects have occurred, when the eighth of a grain has beeen taken in the form of a pill. Since the trial of Hunter's case, I have read of a case in one of the London Hospitals, where a man took during one week, for a cancerous affection of the tongue, about a grain and a half, when inflammation of the stomach and bowels came on, and proved fatal. The gentlemen who made the post mortem examination, stated, that they could only attribute the fatal disease to the effects of the arsenic. (*Lancet, vol.* 33, *page* 403.) Orfila, one of the greatest toxicologists of the age, states, that whatever the quantity taken into the stomach may be, not more than a grain and a half to two grains, is absorbed into the system.—*Lancet,* vol. 39, p. 262.

Thus, by the united testimony of eminent medical men, it is admitted that the proportion of seven grains, which the writer himself allows, (p. 24, note,) could be *dissolved* in the quantity of milk that Hunter took, is far more than sufficient to cause death.

Mr. Taylor states,— No certain opinion can be expressed respecting the solvent power of gruel, broth, or liquids of a similarly viscid nature; they mechanically suspend the particles of arsenic exactly in proportion to their viscidity; thus a very powerful dose of poison may be administered in a very small quantity of liquid." —*British and Foreign Medical Review,* vol. 4, p. 364.

But even as regards the solubility of arsenic in milk, I considered that my opinion, (which I stated at the trial was given on the data of chemists,) was borne out by the evidence of Mr. Davies at the inquest, that "It would require 1000 lbs. of water to dissolve 77 lbs. of arsenic; this must be water, but of milk it might require more; indeed, I think it would require more."

Dr. Apjohn states, in the work referred to by Mr. Holland, "1000 parts of boiling water, will dissolve about 80 of arsenic, its solubility is much diminished by the presence of organic substances, as milk tea, &c."

Neither of these statements would lead us to suppose that the quantity of milk required would be even double that of water. I estimated in my statement, that six or seven spoonfuls of the liquid porridge, (half-milk, half-water,) would dissolve only thirty grains of arsenic, allowing the proportionate quantity of milk required, to be four times that of water.

Dr. Christison in his recently published Dispensatory, (p. 181,) says of arsenic, "Boiling water dissolves about a *ninth* of its weight. The presence of organic fluids lessens the solvent power of water." In the opinion which I gave in court, I allowed boiling milk to dissolve only about one *fiftieth* of its weight of arsenic.

"Many erroneous statements" says the writer, as to the solubility of arsenic, under different circumstances, have been given;" many of them upon high authority, "*but all of them*" he modestly adds "*are wrong;*"—(Klaproth, Hahnemann, Guibourt, Navier, &c.) and he accounts for this "*mistake*" by the equally probable supposition of a mis-translation.

In the Medical Gazette, of April 28th, page 174, in order to shew that arsenic was not taken in sufficient quantity to cause

death, Mr. Holland states that Professor Phillips found by experiment that two ounces of milk would dissolve *half a grain of arsenic,* adding, " would half a grain produce this extensive inflammation ?" In the appendix to his pamphlet, he has said that 1000 grains (or two ounces) of milk, will dissolve *four grains of arsenic;* and in note, page 24, that the quantity *dissolved* (not suspended) in the milk taken, would be *seven grains.* Which of these accounts are we to believe? If the accuracy of the experiments is to be judged by the accuracy of the report of them, Mr. Holland's authority will certainly weigh but little against that of the writers or translators of the great works of which he thus cavalierly disposes.

If I am wrong, the difference between my answer and the truth, is much less than between Mr. Holland and himself.

But if the experiments he last mentions are correct, as to the *relative* solubility of arsenic in milk and in water, they show, that above fifty grains of arsenic might have been without exaggeration estimated as soluble in six or seven spoonfuls of milk.

Post mortem appearances.—I now come to the appearances as described from the post mortem examination, merely premising, that the corrections are not made on my own authority, but wholly from the newspaper reports, and counsels' notes taken at the trial, to which Mr. Holland had equal means of access with myself. It is necessary here to mention that I was present at the inspection solely at Mr. Harrison's request, and had no expectation at the time or for some days afterwards that I should be called upon in any way as a witness in this case. As soon as I learned that my evidence would be required at the inquest, I took notes of the principal results of the inspection, which I then submitted to Mr. Harrison, and *in every particular of which he expressed his entire concurrence.* I did not attend before the coroner's jury till their third sitting, a week after the inspection, and after Mr. Harrison's evidence had been taken in full by the coroner. I produced my written notes, but was desired by the jury to state generally whether I concurred with Mr. Harrison in his conclusions from the symptoms and post mortem appearances. After stating my opinion very briefly to this effect, the rest of my evidence as it appeared in the depositions, was elicited by questions from the coroner and jury on unimportant points. The above explanation, which was given in reply to the Judge's questions on the trial, is not noticed in the pamphlet. Moreover, I should have considered it unprofessional and uncourteous towards the gentleman whom I was invited to assist, to take notes of his case, except at his request. It is scarcely necessary to say, that "the written report of the examiners the day after the examination," referred to by Mr. Holland in his letter in the *Medical Gazette,* and in which he states that "certain appearances deposed to by us at the trial were not mentioned," exists only in *his* imagination.

In Mr. Holland's report of the trial, I am made to say, " From the *post mortem* appearances *alone,* I came to this conclusion,"

(that arsenic was the cause of death.) The words used were, "From the post mortem examination alone, it would have been my *impression* that the deceased had taken arsenic. Under all the circumstances, with the symptoms during life, and the post mortem apppearances; my impression is still more strength ened that arsenic was the cause of death." The distinction is important, many medical men being of opinion that a *conclusion* from post mortem appearances *alone*, ought not to be formed.

Again, he represents me "as mentioning a great number of points of ulceration throughout the intestines," and omits altogether my statement as to the *stomach*, in which the most important and decisive appearances presented themselves. That this omission is material, is shown by the use which he has made of it. At page 36, he says,—"the ulcers or abrasions existed most in the jejunum;" and (page 38,) "ulceration of the stomach was not here observed;" and he then argues from this supposed absence of ulceration in the stomach, that this case resembled *natural gastro-enteritis*, in which, such ulceration is unusual. The cardiac extremity of the stomach particularly, was, to use the term of Dr. Apjohn, as quoted in the pamphlet, "studded" with small ulcerations, which were closely surrounded by the most highly inflamed portions of the mucous membrane.

This case was one of those which Dr. Christison refers to, where, "the whole course of the alimentary canal from the throat to the anus is affected at one and the same time." *Treatise on Poisons, page* 98. Dr. Beck says, "Sometimes the inflammation reaches through the whole space of the digestive tube." *Medical Jurisprudence, p.* 675. Sir Benjamin Brodie has proved, (*Philosophical Transactions* 1812.) "That the inflammation from arsenic generally begins very soon after the poison is administered, and appears *greater or less* according to the time which elapses before the animal dies; that it is greatest in the stomach and intestines; but it usually extends also over the whole intestine." In opposition to these, is Mr. Holland's opinion, that the extent of the inflammation is a presumption against, rather than for the supposition of poison. (*Medical Gazette, April* 28*th, p.* 174.)

In the most usual cases of poisoning by arsenic, when death occurs within twelve hours, the injury may be confined to the stomach, upper part of the duodenum, and rectum. But here, from life continuing several days, the whole extent of the intestinal canal was inflamed, the jejunum was even more so, and with a greater number of points of ulceration, than the duodenum; but still they were not nearly so numerous, or distinctly marked, as in the stomach. The lower part of the ileum, which in disease is most affected, was here even less affected than the large intestines. Dr. Carson "drew an inference from the fact of the stomach, duodenum, and rectum, being more inflamed than the ileum, that acute inflammation had been produced by some foreign irritating body."

Mr. Holland as we have above remarked, says, "The ulcers or

abrasions, existed most in the jejunum; this portion of the intestines is not frequently ulcerated, in either natural or poisoned gastro-enteritis, but less unfrequently in the formerthan in the latter," Mr. Dyson drew from this circumstance the inference of poisoning, but I think the contrary the more correct presumption.

I have repeatedly met with cases in which the jejunum has been referred to as particularly affected after death from arsenic. In the Glasgow Medical Journal for 1831, p. 205, is related a case of poisoning by arsenic where death occurred in nine hours. "The mucous coat of the stomach was generally rather pale, one or two red patches, the duodenum a light pink, and the jejunum was highly injected with numerous patches of an intensely red colour." Mr. Taylor published a case in the Guy's Hospital Reports, where the pain in the stomach was not great, and not increased by pressure, where there were no cramps, and where the jejunum was *especially* inflamed. Dr. Yelloly mentions a case in the Edinburgh Medical and Surgical Journal, vol. 5, page 389, where death occurred from taking gruel in which arsenic had been boiled:—vomiting and purging soon ensued, but no pain. The whole extent of the stomach, of the small and large intestines was inflamed. The portions least inflamed were the ileum, within a few inches of the caput coli, and the rectum. Although there had been much vomiting and purging, and the patient lived for twenty-one hours, matters were found in the stomach which had been taken before his illness, similarly to the piece of potato found in the stomach of Hunter; and, as Mr Holland is well aware, it is not unusual to find remains of food after death, when preceded by excessive vomiting.

Dr. Symonds' observes, treating on diseases of the intestines, that, "the jejunum is not, so far as we know, liable to primary disease, and even enjoys a singular degree of immunity from secondary complications.—(*Library of Medicine.*) The correctness of Mr. Holland's statement at page 23, that the inflamation of the *whole extent of the intestinal canal,* occurs more rarely from arsenic than from natural disease, may be judged of from the foregoing authorities.

Great stress is laid on the absence of what Dr. Apjohn describes as "livid spots, in consequence of the extravasation of blood into the texture of the stomach." These appearances are not necessarily livid, they vary according to the degree of local irritation, from the faintest red, to that appearance which is described "as if seared with a hot iron." It is chiefly when arsenic remains in contact with the mucous coat, that these appearances are marked so strongly as to appear *livid,* or *black and seared.*

Among the appearances which Mr. Holland quotes on the authority of Dr. Apjohn, as characteristic of arsenic is, "dense and consistent mucus blended with clots of extrasavated blood" in the stomach. "Nothing of this sort," he adds, "is mentioned by Mr. Harrison." Mr. Harrison did say, "there was a thick sanguineous fluid in the stomach."

Clots of blood in the effusion are rarely met with in the sto-

mach, except the arsenic be imbedded in the mucous coat, and the violent efforts to dislodge it, continued for many hours, have caused rupture of some of the most highly inflamed capillaries.

There was a considerable quantity (about a pint) of an homogeneous, reddish-brown effusion in the stomach and intestines, to which we thought the term "sanguineous" not inappropriate; and when the inflammation, by reason of the speedy absorption of the arsenic, results from its general rather than its local action, we find, unless death occurs very speedily, that the inflammation is very extensive, and the effusion throughout the stomach and intestines, is of this character.

In the Medical Gazette, the writer remarks upon the absence of "the lividity of the genitals." This appearance I believe to be quite as frequently absent as present.

Mr. Davies the chemist, stated at the inquest, "that the stomach bore similar appearances to those of many other stomachs which he had examined after death from poison."

Mr. Harrison saw the body the eighth day after death, and told the jury that he had seen bodies more decomposed in three days with a similar temperature. One reason which he assigned for this appearance, was the antiseptic property of arsenic.

Not only is the evidence we gave misrepresented, but Mr. Holland assumes an appearance never mentioned by us, and the reverse of fact, and then argues upon it as inconsistent with poison. At page 37, he says,—"in this case the colon was distended. It is generally, in consequence of its being completely emptied, contracted after poisoning by arsenic." This too, after Mr. Harrison had said "he did not remember the state of the colon." Again, by asserting in the Medical Gazette, the *absence of all suppleness of the body*, he has unconsciously given additional proof that this case was one of poison; *rigidity*, rather than suppleness, being frequently referred to by writers as its consequence. Again, he says, "His skin was dry:" although perspiration is twice noticed by different witnesses.

I will here give the heads of the post-mortem examination, which I had written down, to produce at the inquest; and which, as already stated, were previously shown to, and concurred in by Mr. Harrison. "The man appeared healthy, the lips and mouth had no unnatural appearance about them. The stomach and intestines were almost healthy—no unusual appearance—externally, but, *throughout their whole extent* internally, the mucous membrane was exceedingly inflamed and softened. The colour in general a very dark red; in a great number of points, extravasation of blood was perceptible. Ulceration and destruction of portions of the mucous membrane had taken place very generally in the cardiac extremity of the stomach, in the duodenum and jejunum, and some instances of it in the ileum, but these latter were not general. The ulcerations were circumscribed, and appeared to have arisen from excessive inflammation of parts subjected to a central irritation,

but we could discover no irritating matter present. The abdominal appearances were sufficient to account for death. The ulcerations were not found particularly in those parts of the intestines usually affected by disease, and they were very general in those parts which are usually exempt from such appearances. The stomach only contained a small piece of potato, and a quantity of reddish-brown viscid mucus, which latter was also found in the whole of the intestines. The rectum was inflamed, but not ulcerated. The bladder was empty and firmly contracted. The contents of the chest were healthy. The blood vessels of the brain were rather congested, and a slight effusion of serum was upon its surface." These last, I stated at the inquest, were not material. The brain and its membranes were perfectly healthy.

Mr. Holland admits "that the case in some degree resembled one of arsenic, but resembled as closely, he thinks more closely, a not unfrequent disease, acute *gastro-enteritis.*" This is the only * conjecture which he is able to offer as the alternative of poison. Let us see how far his own authority on the subject, (Martinet,) assists his views; bearing in mind that the symptoms quoted by Mr. Holland, are expressly stated by Martinet, as not those by which the disease is *usually* marked:—

"The head ache is generally constant,"—here we had none. "The pungent heat and dryness of the integuments is remarkable;" —here the extremities were cold, with clammy perspiration. "Pulse in the onset full, but soon becomes small, concentrated, irregular, and intermittent; when the inflammation is intense, however, this frequency is less remarkable;"—here in the onset, the pulse was very weak indeed, and the following day almost imperceptible, afterwards quite so. "The tongue, white or yellow in the commencement, becomes *red* at its tip and edges, and even over all its surface, in the course of the disease. More frequently however, the tongue is covered by a thick adherent coat, which becomes *dry and rough* as the inflammation becomes more intense. At this period, the tongue, gums, lips and teeth, are encrusted with a brownish black matter." Hunter's tongue presented none of these appearances described by Martinet. It was "whitish" at the commencement, and continued moist throughout.

Scanty urine is a symptom of gastro-enteritis, and is put forward by Mr. Holland, as having been present in this case, although he had previously stated in the Medical Gazette what was the fact, that there was "*suppression* of urine." This suppression is often referred to as a symptom of poisoning by arsenic, never as a symptom of gastro-enteritis.

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* Does not this expression in the Medical Gazette—"The extent of the inflammation, granting it to be *real* inflammation, of which, there may be not unreasonable doubts," seem to indicate that this notion of gastro-enteritis i. e. *inflammation* of the stomach and bowels, is an afterthought of the writer, especially, as no mention of it is made in his letter in that publication?

In the anatomical appearances, "ulceration of the stomach is unusual;"—here, although Mr. Holland says it was not observed, it was the most important appearance. "The redness of the internal coat is interrupted suddenly in various parts, and is less deeply marked in the duodenum than at the further extremity of the intestines;"—here, the redness was not interrupted, but continuous, and it was not *less*, but *more marked* in the duodenum than in the ileum. "Ulceration is very common (in the intestines,) and is found in the ileum, particularly in the neighbourhood of the ilio-cœcal valve;"—here, the neighbourhood of the ilio-cœcal valve was least ulcerated.

No one, I think, who takes the trouble to go through the remaining symptoms detailed by Martinet, which, however, Mr. Holland omits "as not bearing upon the present case," will be of opinion with him that this case "bears a very close resemblance" to one of natural *gastro-enteritis*. On this point I will quote from Dr. Apjohn's "Toxicology,"—Medical Cyclopædia: "In poisoning by the irritants, the throat is frequently affected *before* there is evidence of *gastric disturbance*, but in idiopathic gastritis, or inflammation of the stomach, burning pain and constriction of the fauces, *if present at all*, are *never observed* until *after* the occurrence of the vomiting;"—here, we *had* the heat and burning *before* the gastric disturbance. He adds, "enteritis or inflammation of the intestines may be confounded with the effects of irritant poison. The primary seat however, of the pain and tenderness in such an affection, the almost uniform constipation of the bowels, and the morbid appearances, are sufficient to characterize it."

The absence of poison from the contents of the stomach and bowels is no valid reason for believing this not to have been a case of poisoning by arsenic. This has repeatedly been found to be the case, even when large quantities of arsenic have been taken, and when death has occurred within a few hours. Messrs. Danger and Flandin, very recent French writers, observe:—"Copious diarrhœa or vomiting, the free exhibition of diluents, or, where life is protracted, the power of absorption, may entirely remove the poison from the viscera. In all of these cases, the most important branch of medical evidence is lost, and *should chemical* evidence be deemed essential by the court, the prisoner will owe his escape to the violence of the symptoms under which his victim laboured, or to the kind of treatment adopted." *British and Foreign Medical Review,* 1842, A remarkable case of this nature is published in the Edinburgh Medical Chirurgical Journal, vol. 18, p. 171, and although the means of detecting quite such minute portions as the "millionth of a grain of arsenic" might not be known, unquestionably the processes then in use, could detect a quantity exceedingly small. Several members of a family, named Mitchell, were taken ill after having eaten porridge for breakfast, consisting of the same ingredients as that of Hunter, viz. milk and meal. William Mitchell had eaten

largely, James perceived a *sickening taste,* and took less than common. William was the most severely attacked, and died in six days after taking the porridge. Although no poison could be found, and the other evidence was (as in this case,) entirely *circumstantial,* the medical evidence was sufficient to induce the judge and jury to consider the act of poisoning proved. The accused afterwards confessed to having committed the crime by mixing arsenic with the salt which was used to the porridge on the Sunday morning the family was taken ill. Since the discovery of processes for detecting more minute portions of arsenic, a case has been published by Mr. Taylor, where it was supposed near an ounce of arsenic had been taken. Death occurred in seventeen hours, and no arsenic could be found in the stomach, although it was detected in the vomited matter. Mr. Taylor, also referring to the effects of arsenic when taken in solution, mentions a case which had been the subject of trial at Mayence, and continues, " as in this case its effects may prove most rapid, and at the same time no trace of arsenic be found on analyzing the contents of the viscera after death."—*Guy's Hospital Reports, April* 1837. The extensive series of investigations and experiments made by Orfila to ascertain the effects of arsenic, go to prove, that it may be entirely removed during life from the stomach and bowels ; and also that it is most likely to prove fatal when taken in solution.

A case remarkably illustrating the power possessed by the stomach of ejecting this poison in a short time, is just published by Dr. Dymock, in the *Edinburgh Medical and Surgical Journal,* where death occurred after taking *two ounces,* and vomiting had lasted only *two hours,* yet *almost the entire quantity* of arsenic was detected amidst the other matters rejected from the stomach. Is it not then quite consistent with our present knowledge to conclude, that arsenic may have been so taken, and *entirely* discharged from the stomach, and yet such a degree of inflammation have been produced as would continue the collapse and cause death ?

The absence of all traces of arsenic from the *tissues* of the alimentary canal, where Mr. Holland says, " we ought to expect most probably to find it," though less common, is by no means without example.

Orfila was the first who attempted to reproduce the arsenic which had been absorbed into the system. At first he was unsuccessful, owing to his having examined too small a quantity of the soft parts. By taking several organs and acting on them by one process, the evidence of the poison became conclusive The reviewers of Orfila's work, in the British and Foreign Medical Review, state, that " they failed in detecting arsenic, by Marsh's apparatus, in the blood of poisoned animals ; and they attribute their failure, first, to the insufficient quantity, and secondly, to the arsenic having been protected from the chemical re-agents by the *organic matter*;" adding, "this last fact is interesting; it hitherto has escaped the attention of toxicologists, and we cannot but conclude with the author," (Orfila,) "that arsenic may

have been present in many cases, where medical witnesses have pronounced it absent."

In the recent case of Madame Laffarge, for poisoning her husband, *nine eminent chemists failed* in detecting arsenic in the organs of the body, yet Orfila succeeded. In the *British and Foreign Medical Review, vol.* 11, p. 37, it is stated, that "a portion of the viscera of a man, who had died thirty-six hours after taking arsenic, was analyzed by the most minute processes, and no poison could be detected." Two cases of poisoning by arsenic are referred to by Beck in his Medical Jurisprudence, p. p. 754-760, where no trace whatever of arsenic was discovered in the coats of the stomach and intestines, although in one of them, death occurred within twelve hours.

Supposing that the elaborate processes were adopted in Hunter's case,* which are described by Orfila and other eminent writers, as necessary to discover minute quantities of arsenic in the human body, still, it would be no reflection upon Mr. Davies, the chemist, to have failed, when others equally eminent have failed before him.

Two cases of poisoning by arsenic have lately occurred at Laleston, near Swansea, remarkably similar to the present and belonging like it to that class of cases, where the poison acts upon the nervous system, and in which speedy and continued collapse is the prominent feature. These cases also, were mistaken for cholera. A verdict to that effect was given at the inquest held upon the first case. The death of a dog from licking up some vomited matter, aroused the suspicion of the medical attendant. The surgeons (five in number) who made the post-mortem examinations, sent the stomachs and intestines to be analyzed by Mr. Herapath, of Bristol, who, in the words of the "Times," "has a reputation as a chemist, not confined to Europe, but known to the scientific world." Although life in one instance, had been destroyed within seven, and in the other within twelve hours, Mr. Herapath failed to detect arsenic in the tissues of the stomach and intestines of either of the deceased persons. He did however detect it in the contents of the stomach and intestines of one of them, but not in those of the other; he therefore required the body to be exhumed, that the liver might be examined, in which the presence of arsenic was discovered.

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* The process adopted, as published by Mr. Davies, was the following.—"The stomach and intestines were separately subjected to the usual tests, after being washed by boiling water, and after being kept in boiling water; after having been cut into small pieces, and again exposed to heat for a considerable time with water; and finally, afer the addition of an acid to liberate the arsenic from any combination, which might retard or frustrate its solution. When the several parts had been thus treated, the various solutions were mixed together; and the mixture, after having been properly prepared, was tried by the usual experiments, which would have detected any arsenic that might have been present in the materials delivered in for examination."—*Letter in the Manchester Guardian, April 19th*, 1843.

In these cases also the poison was taken in solutiou. As a proof of the difficulty of distinguishing this character of arsenical poisoning from cholera it may be mentioned, that one of the oldest and most skilful surgeons in the country round, stated, that he should not have hesitated at calling them cases of cholera.

A still more striking case is published by Mr. Herapath, junr. in the Lancet of May 27th, in which, the poison was taken in *substance*, and death occurred in a few hours. "Perhaps the most important fact is the discovery of arsenic in the liver in great abundance, after numerous experiments upon the *stomach and its contents* had failed to detect it; thus illustrating the important medico-legal fact, first promulgated by Orfila, that this poison *often disappears from the stomach by absorption, and becomes separated from the blood of the portal system by the liver*, and that it might be detected there even after all evidence of its presence has elsewhere vanished."

I have now, I believe, noticed those portions of Mr. Holland's pamphlet, which affect the medical evidence.

On his arguments (page 37 et seq.) in proof of Mary Hunter's innocence, I purposely, for the reason I have given, abstain from comment. It has been my object to give to the public a correct statement of the symptoms during life, and the post-mortem appearances as they really presented themselves; and to shew that the conclusions which we draw from thence are fully warranted by the highest medical authorities.

Although the subject is one chiefly interesting to the Medical Profession, I think there are few, whether connected with it or not, who, after weighing the arguments on both sides, but will conclude that Mr. Holland has failed to invalidate in any one particular, either our evidence of facts or our conclusions therefrom. Nay, that the only colour for his argu ment, that poison was not the cause of death, is derived from the very incorrect account of the circumstances of the case which his preconceived views induced him to adopt.

With such an account before them (and without the additional evidence elicited upon the trial,) shall we be surprised that amongst the medical men, whom Mr. Holland says he consulted, "several agreed with him, that of the two it was more likely that the man did not die from poison than that he did."

Some circumstances however, even in that version, must have strongly supported the supposition of poison, for I have been informed by those who have seen several of the written opinions which were obtained, that they are such as he could not have published without materially damaging his own case.

It will scarcely have escaped notice that Mr. Holland has selected the symptoms of arsenic from one authority, the post-mortem appearances from another, and the symptoms and appearances of gastro-enteritis from a third. Had he quoted throughout from any one of those authorities, the contrast between the effects of poison

and gastro-enteritis would have been fully apparent, and even the non-medical reader would easily have distinguished between the case before us and one of natural disease.

Mr. Holland states that the reason for the acquittal of Mary Hunter, evidently was, becanse it was clear that the two last medical witnesses, Dr. Carson and Mr. Blackburne, had their doubts whether arsenic had been the cause of death,—(page 39,) and in the Medical Gazette, page 171, "that the case for the prosecution broke down under the able cross-examination of witnesses against the prisoner."

How is this consistent with the fact that his Lordship stopped the case *expressly* on the ground "that it was improbable that arsenic should have been taken by the deceased and *not found*?"*

So far from Dr. Carson or Mr. Blackburne, having expressed "doubts that arsenic was the cause of death" I am expressly permitted by those gentlemen, since their perusal of Mr. Holland's pamphet, to state, that they totally disagree with the conclusions which he has drawn, and that however far their examination had proceeded, it could not have affected the decided opinion which they had both formed, that the symptoms and appearances were not produced by natural causes.

"Whatever difference of opinion" says Mr. Holland, (page 40,) "there may be as to Mary Hunter's guilt or innocence, of this all will be convinced that a great and mischievous error has been committed." He goes on to say, "if she were guilty, her acquittal is a public injury, by encouraging impunity to crime; if innocent she has suffered a grievous wrong."

No less can be said of every prisoner who has been committed on sufficient *primâ facia* evidence for trial by the magistrates, yet by proof of innocence, or through the many loopholes and uncertainties of the law is acquitted by the jury. It would be better, in such cases, had English juries, like those in Scotland, the power to record a verdict of "*not proven*."

Even from the medical evidence alone, I think it will appear, that the acquittal of the prisoner by no means proves that she was improperly placed upon her trial;—that if the due and proper administration of justice demanded her acquittal, it equally under the circumstances, demanded her trial;—that therefore no such error has been committed, since a case certainly requiring as was observed by the Learned Judge, investigation by the proper tribunal of the country, has but undergone such due investigation

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* It must not be supposed that I wish to detract in the least from the opinion generally entertained of the skilful manner in which the learned counsel conducted the defence. None will deny that he shewed himself quite conversant with the subject, and performed his arduous task with equal ability and courtesy.

the result of which has been as Mr. Holland admits, and contends that which is accordant with the justice of the case. Without disparaging Mr. Holland's exertions on behalf of the prisoner, surely he claims too much credit to himself, and allows too little to the laws and institutions of his country in arrogating to himself, and to his own exertions the merit of her acquittal. No one will deny the grevious hardships of any innocent person being suspected of crime, and subjected to trial; but this must occasionally happen under the best possible systems of jurisprudence. And I think there will be found nothing in the present case, which, in the opinion of any person judging of it without prepossession, or bias, reflects reproach, or discredit upon the criminal jurisprudence of this country, or upon any of those who are concerned in its administration.

That "the characters, liberty and lives of all who happen to fall under suspicion are trifled with," that "the innocent are condemned, unheard," or that "the examinations of presumptions of innocence are left to the chance charity of a casual observer," (Report, page 40,) are certainly unwarrantable reflections upon the British law, whose humane principle, with regard to criminals, is justly stated, I think, by Blackstone :—"It is better for ninety-nine guilty persons to escape, than that one innocent person should be found guilty."

Mr. Holland's suggested improvements "in the medical jurisprudence of this country,"—a provision for the defence of all accused persons by public officers at the public charge," and "the appointment of medical examiners in cases of suspected murder," may well be left to the reader's own judgment. The latter point and the question whether medical are to be preferred to legal coroners, should I think with propriety be decided by persons less professionally *interested* than Mr. Holland or myself.

ERRATA

Page 10, 6th line, for "Mary Hunter given," *read*, "Mary Hunter had given"
Page 14, 4th line from bottom, for "that deceased's impression," *read*, "that, after a short time deceased's impression."
Page 19, line 19, for "absence of pain, which," *read*, "absence of excruciating and burning pain in the stomach, which."

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