

Association Intelligence.

THE COLLEGE OF PHYSICIANS OF EDINBURGH.

THE following resolution, proposed by Dr. RADCLIFFE HALL, and seconded by Mr. WOLSTENHOLME, was adopted at the Annual Meeting of Council held in Liverpool:—

"That the recent proceeding of the Edinburgh College of Physicians, in the sale of their Licence without examination to gentlemen not already physicians, was not called for to meet any want in the profession; and that, inasmuch as it tends to lower the *status* of the physician, without elevating that of the general practitioner, it is calculated in every way to prove injurious to the body of the profession."

PHILIP H. WILLIAMS, M.D., *General Secretary.*

August 1859.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 28TH, 1859.

F. C. SKEY, Esq., F.R.S., President, in the Chair.

DIFFERENT FORMS OF SYPHILITIC INOCULATION.

BY HENRY LEE, ESQ.

The object of this paper was to show that primary syphilis does not always commence in the same way. The "specific pustule," in which all syphilitic diseases were formerly said to originate, is produced by one kind of syphilitic inoculation only, and that form was one which does not give rise to constitutional or secondary symptoms. As nearly all the experiments on syphilisation had been performed so as to produce this pustular variety of the disease, it follows that no fresh constitutional syphilitic disease can be engendered by syphilisation so practised. The kind of syphilitic sore which infects the system commences in a different way, and when not artificially irritated, it gives rise rather to the adhesive than to the suppurative form of inflammation. This form of disease Mr. Lee had shown, in 1856, to be, as a rule, not inoculable upon the person who had it. This view had more recently been confirmed by the researches of French surgeons. But although not ordinarily inoculable like the suppurating form of the disease; yet it was capable of being rendered inoculable by artificial irritation. The results of the inoculation, were, however, then uncertain in their results, producing little local irritation, and capable of being transmitted by successive inoculations a very limited number of times. These observations applied only to inoculations performed upon the individuals who had at the time, or had previously had, infecting sores. The author described one kind of suppurating sore which was surrounded by induration, which could not always be distinguished from the induration of the infecting sore. The induration could not, therefore, always be taken as the diagnostic mark of a sore which would infect the patient's system. The character of the secretion, however, gave the information which the induration did not always give. If care were taken to prevent any accidental cause of irritation, the secretion from an infecting sore would soon cease to be purulent, whereas, in the suppurating sore surrounded by induration (the phlegmonoid variety of suppurating sore) the secretion would continue, as in other forms of suppurating sores, puriform to the last. The number of cases of indurated sores which had been said to have been inoculated by Dr. Sperino and others, led to the conclusion that the two forms of disease now described had not been distinguished from each other. It was now ascertained that the infecting sore could not, as a rule, be inoculated upon the patient having it, whereas the phlegmonoid variety of the suppurating sore was of all kinds the most readily inoculated. When inoculated artificially, it produced a pustule containing well formed pus within forty-eight hours, and it was occasionally followed by an eruption of brick-red colour, confined to one part of the body, disappearing spontaneously, and not recurring. This eruption was, therefore, certainly not syphilitic.

ON THE ADMINISTRATION OF BELLADONNA, AND ON CERTAIN CAUSES WHICH MODIFY ITS ACTION.

BY HENRY WM. FULLER, M.D. CANTAB., F.R.C.P.L.

Dr. FULLER was led to the inquiries which form the subject of this paper, by observing the remarkable tolerance of belladonna exhibited by a child, a patient in St. George's Hospital, to whom he was administering it as a remedy for chorea. Fancying that the tolerance of the drug observed in the case in question might be attributable either to imperfection of the extract, or to the modifying influence of the choreic spasms, he obtained other extract of belladonna from Apothecaries' Hall, from Squire's, and from Jacob Bell's, in Oxford Street, and administered it, dissolved in water, to ten other choreic patients in the hospital. In a twelfth case he administered atropine, obtained from Morson's, in Southampton Row. The result was in all cases the same; namely, extraordinary tolerance of the remedy, with a varying, but not very satisfactory, effect as regards the subjugation of the choreic spasm—the tolerance of the drug being so great that one girl, aged ten, took seventy grains of the extract of belladonna daily, and a total amount of 1,019 grains, or rather more than two ounces, in twenty-six days; whilst the child, aged fourteen, to whom the atropine was administered, took no less than thirty-seven grains in eighteen days.

1. The patients were all pale whilst taking the larger doses of the drug; and in no instance was there any feverish heat, or any rash, or erythematous blush on the skin. 2. There was great weakness of the pulse in all the cases, and in some, considerable quickness. 3. The urine was generally clear and acid, but scanty, and of high specific gravity, varying from 1,024 to 1,036. In three cases it frequently contained a copious deposit of crystallized lithic acid; and, in three other cases, it was usually loaded with lithates. In one case, for the space of a few hours, whilst the patient was under the toxic influence of the drug, it became ammoniacal almost as soon as voided. 4. In one case some difficulty was experienced in voiding the urine; but this was not observed in any other case. This difficulty passed off when the belladonna was omitted. 5. The tongue was always moist, but unusually red whilst the larger doses of belladonna were being taken, and the redness passed off when the drug was omitted. 6. The remedy did not, in any instance, exert a constipating effect; on the contrary, it appeared to prove aperient. An occasional purge was required in three cases only. 7. In five cases it ultimately gave rise to sickness and diarrhoea; but in every instance save one, the choreic spasms had almost wholly ceased, and in the exceptional case alluded to, had greatly subsided before those symptoms were produced. Whenever bowel symptoms occurred, mere omission of the medicine sufficed to cause their cessation. Did the existence of spasm counteract the influence of the drug, and prevent their occurrence? 8. Dilatation of the pupils was very uncertain. In almost every instance the pupils were large before the administration of the medicine was commenced, and they invariably became dilated soon after a dose of the medicine was taken. The dilatation, however, was not to the degree observed when a solution of belladonna is dropped into the eye, and, in most of the cases, it passed off before another dose of the medicine was due. Its ordinary duration was about two hours and a half. In one case, excessive dilatation occurred for a few hours coincidently with the occurrence of sickness and purging. In two cases, considerable dilatation was pretty constant; in one case it was seldom great. 9. In two instances only did the slightest indistinctness of vision occur. In one of these it was observed only on three occasions, and then only to a slight degree, and was not accompanied by dryness of the throat, headache, or any impairment of the mental faculties; in the other it took place more frequently, and strange to say, was most complained of when the pupils were of their natural size, and were contracting freely under the stimulus of light. It was not attended by delirium, nor by any indication of the action of belladonna, and the administration of an additional quantity of the drug was almost invariably followed by its removal. 10. The drug did not in any case produce the slightest narcotic effect; and in one case it failed utterly as an anodyne. 11. In no instance was there any evidence of its accumulation in the system. 12. The tolerance of the drug was not in proportion to the severity of the choreic spasms. In Case 2, in which fourteen grains of the extract, daily, occasioned sickness and purging; the spasms were more severe than in Case 11, in which seventy grains were taken daily without disturbance of the stomach and bowels. 13. The curative effect of the drug was very uncertain. In seven cases its action ap-

no stone was discovered in the bladder. The kidneys were somewhat congested, but in other respects healthy in appearance. There was an opening in the bladder at the lower part of the posterior wall, of the diameter of a goose-quill, evidently not of recent date. The bladder, corresponding to this aperture, was intimately united by old adhesions to that part of the circumference of the sigmoid flexure of the colon that lies nearest it. The aperture in the bladder communicated with the sigmoid flexure opposite their point of union. Above the point of communication of these two viscera, for the extent of about an inch, the canal of the sigmoid flexure was somewhat constricted; but this constriction was apparently due to the adhesion and subsequent contraction of these viscera, as beyond the point where adhesion between them existed, the calibre of the sigmoid flexure appeared normal. Below the orifice of communication between the bladder and colon, the canal of the intestine was greatly constricted to the extent of an inch and a half in length; this stricture appeared to depend upon great condensation and subsequent cicatrization of the submucous and muscular tissues of the bowel at that point. The mucous membrane of the intestine above the seat of stricture presented in many places pouches varying in size from that of a pea to that of a filbert, and formed by the protrusion of this coat externally. Opposite to the stricture it appeared to be in every respect quite healthy, but very densely convoluted. Below the seat of stricture the bowel was considerably dilated, and had during life apparently acted the part of a second bladder, as, from the symptoms described by the patient, the urine used to accumulate there in considerable quantities, being passed *per anum*.

Editor's Letter Box.

SUSPECTED ARSENICAL POISONING: FALLACY OF THE COPPER-TEST.

LETTER FROM J. C. S. JENNINGS, ESQ.

SIR,—About two years since (July 1857), I was in attendance on a married woman whose symptoms so closely resembled those of slow arsenical poisoning, that I at once administered an antidote, after having tested the evacuations, and obtained, as I conceived, arsenic by the copper gauze test. The fæces were peculiarly sloughy and offensive, quite unlike those of diarrhoea or dysentery; and medicines failed to relieve the patient. Moreover, on communicating my suspicions to the wife, I found that she had frequently suspected her husband of intending to poison her, and remembered being very sick after having taken ale administered by him. Besides this, I had the opinion of an intelligent physician, who visited her with me, and thought the symptoms very suspicious, and not to be accounted for in any other way; there was the remarkable anxiety of countenance, and pinched expression attributed to such cases; and, moreover, during the following night and day spent in analysis, I had the assistance of an experimental chemist.

I subsequently sent the evacuations, feces and urine, napkins, etc., together with herb-tea given her by her husband, to Mr. Herapath, of Bristol, who declared that he could find no trace of mercury, antimony, or arsenic. The case shortly afterwards was placed by the husband under the care of another medical man, and soon terminated fatally. The husband took possession of the furniture, and even wearing apparel of his mother-in-law, who resided with them during his wife's lifetime, and turned her out of doors.

Here, then, was a motive for bringing about the death of his wife, whom he had frequently treated harshly during life; and yet I doubt not that the arsenic obtained by me was contained in the copper used as a test, and many reasons lead to this conclusion.

I am, etc., J. C. S. JENNINGS.

Abbey House, Malmesbury, August 24th, 1859.

OPERATION FOR STONE IN THE FEMALE.

LETTER FROM W. McEWEN, M.D.

SIR,—In answer to "Embryo's" note, inserted in your last JOURNAL, regarding the operation for stone in the female, I have to observe that the urethra and neck of the bladder were cut through; the knife was then carried with the edge directed to the ramus of the os pubis for a little way, then obliquely

outwards and downwards. Perhaps the word *laterally* might be apt to mislead; but it was used in reference to the position of the patient.

I am, etc.,

W. McEWEN.

27, Nicholas Street, Chester, August 24th, 1859.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

* In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

Of sons, the wives of—

*BERNEY, Edward, Esq., Croydon, on August 23.

*CHEVALLIER, B., M.D., Ipswich, on August 12. (Stillborn.)

CORNER, Matthew, M.D., Mile End Road, on August 16.

*PEMBERTON, Oliver, Esq., Birmingham, on August 18.

Of daughters, the wives of—

FULLER, Henry W., M.D., Manchester Square, on August 11.

*Tuke, Harrington, M.D., Chiswick, on August 19.

MARRIAGES.

DANIELL, Wm. C., Esq., Surgeon, of Stoney Stratford, son of *E. Daniell, Esq., of Newport Pagnell, to Sarah Bland, daughter of G. BATTAMS, Esq., of Curlton, Bedfordshire, on August 18.

DUNCAN, Thomas, M.D., of Richmond, to Fanny E., only daughter of the late A. MORPETH, Esq., of Bishop Wearmouth, on August 23.

HOME, William, M.D., Surgeon-Major, to Charlotte, daughter of F. GROME, Esq., Mount Tallant, Dublin, on August 17.

HUDSON, John, Esq., Assistant-Surgeon R.N., to Marian Sinclair, only daughter of Alexander Watson, Esq., late 1st Dragoon Guards, lately.

KNIGHT, Wm., Esq., 90th Light Infantry, to Cornelia Mary, elder daughter of *George Bury, Esq., of Whetstone, on August 17.

MOBERLY, Wm. H., Esq., Southampton, to Mary Arnoth, eldest daughter of the late Robert Knox, Esq., Surgeon R.N., on August 20.

MORGAN, Allen B., Esq., Surgeon, of Wagga Wagga, New South Wales, to Emma Louisa, third daughter of Francis R. HUME, Esq., Castlesteads, Australia, on May 4th.

DEATHS.

BENNETT, F. D., Esq., Old Kent Road, aged 51, on Aug. 22.

BURNS. On August 20th, John R., son of *J. J. D. Burns, M.D. R.N., Brompton, Chatham, aged 11 months.

TISLEY, H. N., Esq., North Petherton, aged 60, on Aug. 21.

WILKINSON. On August 16th, at Manchester, aged 24, Roger A. E., only son of *M. A. Eason Wilkinson, M.D.

YELL, William H., M.D., aged 54, on August 18.

HEALTH OF LONDON—AUGUST 20TH, 1859.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week	{ Boys .. 917 Girls .. 864 }	1781 .. 1188

Average of corresponding weeks 1849-58.. 1555 .. 1185

Among the causes of death in the week were—diarrhoea, 240; cholera, 10 (8 children and 2 men); small-pox, 20 (including 14 children under 5); measles, 14; scarlatina, 51; diphtheria, 17; whooping-cough, 23; fever, 37; consumption, 140; accident or negligence, 28; murder, 1; suicide, 1; sudden deaths without stated cause, 3.

Barometer:

Highest (Sat.) 30.021; lowest (Mon.) 29.66; mean 29.902 in.

Thermometer:

In sun—highest (Sat.) 106°; lowest (Wed.) 72°.

In shade—highest (Sat.) 85°; lowest (Tu.) 47.5°.

Mean—63.9°; difference from mean of 43 yrs.+2.7°.

Range—during week, 37.5°; mean daily, 21°.

Mean humidity of air (saturation=100), 77.

Mean direction of wind, variable.—Rain in inches, 0.22.

TRIAL OF THOMAS SMETHURST.

THE trial of Thomas Smethurst for the murder of Isabella Bankes, after having been interrupted at the July sessions of the Central Criminal Court by the sudden illness of a juror, was recommenced at the same court on Monday, August 15th, and terminated on the following Friday. The prisoner pleaded "Not Guilty" to the indictment charging him with murder. The Lord Chief Baron Pollock presided at the trial. Mr. Sergeant Ballantine (specially retained), Mr. Bodkin, Mr. Clark, and Mr. Merewether were counsel for the Crown; Mr. Sergeant Parry was specially retained, with Mr. Giffard, to defend the prisoner.

On the part of the prosecution, the following facts were alleged:—The prisoner was a member of the medical profession. He had been married in 1828 to a wife about 28 years older than himself, and who was now living, at the age of 74. The prisoner first comes under notice as lodging with his wife at No. 4, Rifle Terrace, Bayswater. While they were living there, Miss Isabella Bankes also came there to reside. She was a lady, aged 42, of respectable family, and was possessed of property under her own control to the extent of £1,700 or £1,800; and in June 1858, she became possessed of a life interest in £5,000, which at her death went to the other members of her family. In the autumn of 1858, after her father's death, she appeared to have been living at this lodging-house, although she had relatives living in the neighbourhood. An intimacy soon sprang up between her and Dr. Smethurst and his wife. In November, the landlady, considering the intimacy between Dr. Smethurst and Miss Bankes too great, spoke to her about it, and that lady left the house on November 29th. The prisoner also quitted on December 12th, leaving his wife, whom he visited once or twice afterwards. The landlady of the lodging house, Mrs. Mary Smith, stated that the deceased appeared to be in very delicate health. On two occasions she was very sick, and she repeatedly said that when she attempted to take food she had nausea. On one or two occasions she was obliged to leave the dinner table, and appeared unable to take her regular food. After leaving this place the deceased lodged at a house in Kildare Terrace, Bayswater, from the 29th of November to the 9th of December. During this interval she went out to walk every day. When the deceased left this house she said she was going to Clifton for change of air. On December 9th (or 12th?) Smethurst and Miss Bankes were married at the parish church of Battersea. Nothing more seems to have been heard of them until January 28th, when Miss Louisa Bankes, the sister of the deceased, received a letter from her. On February 4th, the prisoner and the deceased, under the name of Mr. and Mrs. Smethurst, took apartments in the house of Mrs. Anne Robinson, Old Palace Gardens, Richmond, and remained there until April, when they left in consequence of an increase of rent being demanded. This witness stated that the deceased seemed to be in good health when she first came to the house; but about three weeks before she left she suffered from diarrhoea and sickness. The prisoner said he should call in a medical man, and witness advised him to employ Dr. Julius, of Richmond, who attended upon the deceased until she left. The vomiting and sickness continued all the time the deceased remained in the witness's house. The prisoner supplied the deceased with all her food. Witness used to hear the deceased retching early in the morning. As soon as she began to move it appeared to bring on the sickness. The deceased frequently complained of want of appetite. The daughter of the last witness confirmed her testimony, and said that once she gave the deceased an egg, and she ate it, and said she enjoyed it. This witness never noticed that the deceased vomited without taking anything; and the vomiting happened while the prisoner was absent as well as when he was with her. The prisoner and deceased, on April 15th, went to lodge at the house of Mrs. Susannah Wheatley, in Alma Villas, Richmond. The deceased appeared very ill, and went to bed immediately. The prisoner always took her food, and he used to place the bedroom utensils on the landing, and witness emptied them. The witness said she once suggested that she should act as nurse to the deceased, and sit up with her; but Smethurst said that he could not afford it, and that no one would wait upon her so well as he could. The bedroom of the deceased was never thoroughly cleaned. There was a secretary on the landing

which had two keys, and the prisoner kept them both. The prisoner told witness to keep one evacuation for Dr. Julius to see it. Witness once made some tapioca for the deceased, and the prisoner told her afterwards that the deceased said it was very nice. She made some another time, and the prisoner said that Mrs. Smethurst told him it was bitter.

The evidence of Miss LOUISA BANKES, sister of the deceased, was to the effect that she and the deceased had formerly lived together; but last year the deceased went to live at Mrs. Smith's, and witness visited her there. She saw nothing of her after she left Kildare Terrace until April following. On the 20th of that month, she received a letter from the prisoner, requesting her to see her sister at No. 10, Alma Villas, Richmond. The deceased appeared rather agitated when she saw her, and said that if witness would be quiet it would be all right. Witness remained with the deceased for several hours; but the prisoner was present all the time except for a minute or two. Witness suggested that a medical gentleman, named Lane, a relation of the family, should see the deceased; and she said she would rather not see him, and the prisoner said he thought it would be better not. There was some tapioca in the room, and her sister said it had a nasty taste, and witness proposed to make some; but the prisoner said the milk had not come. She then said she would make the deceased some blanc-mange, but the prisoner objected. The prisoner shortly after this gave the deceased a saline draught, and she was very sick immediately. When witness left, the deceased expressed herself very anxious to see her again, and she promised to come again in the next week. The prisoner afterwards wrote to her, requesting her not to come, as her sister could not bear the excitement of seeing her, and the doctors had forbidden it. In consequence of another letter she received from the prisoner on the 30th of April, she went again to Richmond, and saw the prisoner. He did not say anything to her about her sister having made a will that morning. Upon going into her room the deceased recognised her, and held out her hand; but she was unable to speak. The prisoner was present all the time, and he asked her to go downstairs; and she went down with him, and he left her downstairs and went up to the deceased's bedroom. She had brought some soup with her in a jelly, and the prisoner put some warm water to a portion of it, and then took it out of the room, for the purpose, as he said, of cooling it; and she heard him stirring it. Very soon afterwards he gave the soup to the deceased, and she brought it up immediately. The prisoner then told her that her sister was so ill she had better not remain, and he also told her that some pills Dr. Todd had prescribed for her had given her great pain, and had caused her burning sensations all over the body. On the Monday (May 2nd) after this occurred, the prisoner was taken into custody; but he returned in two or three hours very much excited, and he said that Dr. Julius had charged him with poisoning her sister, and that they (Dr. Julius and the other doctors) were killing her. Witness and a nurse attended upon the deceased after this until her death, and they gave her arrowroot and other things of that description, and she did not vomit on any one occasion. She also asked for some tea, and that was also retained on her stomach. The deceased died on the 3rd of May, at eleven o'clock. After the prisoner returned, witness asked him to give out something for the nurse; but he refused, and said that witness had taken the responsibility upon herself. The health of the deceased was generally very good. The deceased used to suffer occasionally from bilious attacks and sickness, and if she rode in a carriage it made her vomit. The deceased always represented that the prisoner was very kind to her. A nurse who had been engaged to attend on the deceased on May 2nd (the day preceding her death), stated that on the first two occasions when she gave medicine to the deceased it was vomited; but that food and medicine afterwards given was retained. At the request of the prisoner she placed some of the vomited matters in a jar, which was sealed by the prisoner and given to a policeman. Mr. SEXTON, a solicitor of Richmond, said that on the 30th of April he made a will, by which the deceased left the whole of her property, with the exception of a brooch, to the prisoner, whom she described as "her sincere and beloved friend." The prisoner was appointed sole executor of the will. The document, with the exception of the signatures, was in the handwriting of the prisoner. The deceased was described in the will as a spinster. Mr. W. TARTE proved that the deceased lady was possessed of a sum of £1,740, which was lent out on mortgage. She also had a life interest in the sum of £5,000. On May 2nd the prisoner wrote a letter to his wife, stating that he had not been able to leave Richmond in consequence of his professional aid being required; but that

he would see her as soon as possible. If anything should prevent his coming to town he would send her some money.

The professional evidence for the prosecution commenced with the examination of Dr. JULIUS, who attended upon the deceased lady from the 3rd of April until her death. The prisoner told him that she had been suffering from diarrhoea and vomiting for a week. Dr. Julius believed it was a case of simple diarrhoea, and prescribed some chalk medicine. The following morning he was shown a vomit of a grassy green colour. He saw the deceased again on the 5th of April, when she appeared to be much worse. The sickness was very constant and distressing, and the prisoner complained that she could not take any food. The prisoner proposed that a mixture containing prussic acid should be administered. Witness did not think it would do any good, but upon the prisoner saying that he would watch its effects the mixture was made up and given; but it did not appear to have any effect. The sickness and retching continued unabated, and the deceased complained of burning pains in the mouth and throat, and all down the stomach; and said that even the act of swallowing caused her to vomit. There was no appearance of bile in the evacuations of the deceased after the fourth or fifth day that he saw her. On the 8th of April more serious symptoms exhibited themselves, and the deceased appeared to be fast sinking. The same symptoms continued after taking every one of the medicines given. The witness said that, in consequence of the suspicions aroused in his mind, he requested his partner, Dr. Bird, to see her, but he did not give him any hint of his suspicions. Witness was satisfied that some irritant was being administered which counteracted the effects of the medicine and kept up the symptoms. Dr. Bird attended upon the deceased from the 18th of April to the 21st, when witness saw her again, and she then appeared very much worse. The prisoner suggested that other medical advice should be called in, and on the 28th of April Dr. Todd saw the deceased. Witness did not communicate his suspicions to Dr. Todd. Dr. Todd prescribed a pill of sulphate of copper and opium. Witness had previously recommended the same description of pill; but the prisoner objected to sulphate of copper. The witness procured one of the evacuations of the deceased; at this time the pills prescribed by Dr. Todd had not been taken by her. In consequence of what he afterwards heard from Dr. Taylor, the witness applied to a magistrate, and the prisoner was taken into custody on Monday, the 2nd of May. The witness said he was not aware of the deceased having been visited by her sister until the 30th of April, and that such a subject was never alluded to, and he was never told that the deceased had made a will. Dr. Julius believed that small doses of an irritant poison would have produced all the symptoms, and said that no such ingredients were contained in any of the medicines sent for her by him. On the prisoner's application, after he had been taken into custody upon the present charge, he gave him full information of everything that had been prescribed. The prisoner always appeared to make a frank statement of the symptoms, and he described them correctly according to witness's observations. To the best of his recollection he was only twice alone with the deceased; but he would not swear that he was not alone with her oftener. The prisoner first suggested that further medical assistance should be obtained. The medicines witness administered to the deceased were chalk mixture and catechu, compound tincture of camphor, grey powder, and pills of compound powder of ipecacuanha; also quinine, diluted sulphuric acid, diluted prussic acid, ether, and gentian. He never prescribed bismuth or nitrate of silver, or acetate of lead. Until the *post mortem* examination he had no means of ascertaining that the deceased was pregnant, and it would have made no difference in her treatment if he had been aware of it. Vomiting was a very common symptom of pregnancy, and it was sometimes accompanied by diarrhoea. Witness had never heard of a pregnant woman suffering from severe vomiting and diarrhoea which would not yield to any ordinary remedies. He had never made the *post mortem* examination of a body that had died from arsenic or antimony. On the 8th of April the deceased could not have been pregnant longer than a few days, and at that early period witness never heard of pregnancy being accompanied by diarrhoea. The symptoms were totally different from those generally exhibited by pregnant women. The burning sensation in the throat and soreness of the mouth were quite unusual in the vomiting of pregnancy.

Dr. S. D. BIRD, the partner of Dr. Julius, visited the deceased lady on or about the 18th April. Dr. Julius did not tell him before he went that he entertained any suspicion in reference to the illness. The prisoner told him he thought the deceased

had neglected her bowels, and that they were unloading themselves by diarrhoea and vomiting. Witness continued Dr. Julius's prescription for two or three days, and he then changed the treatment. The symptoms went on increasing in violence. Bismuth, acetate of lead and opium, and nitrate of silver, were afterwards administered; and the prisoner said that the nitrate of silver had occasioned a burning pain all through the bowels. After witness had been in attendance for three days, he formed an opinion that something was being administered which had the effect of counteracting the medicine, and he communicated this opinion to Dr. Julius. On the 30th of April he asked for a portion of one of the evacuations of the deceased, and the prisoner gave him about four ounces, which was placed in a jar and sealed, and he then gave it to his assistant, Mr. Caudle. Another evacuation was afterwards procured, and they were numbered one and two, and were both sent to Mr. Buzzard, of Great Marlborough Street, to be examined. On Monday, May 2nd, prisoner showed witness an evacuation, a portion of which witness took away with him, and it was sealed, labelled, and numbered three. The prisoner was taken into custody on that day, and was admitted to bail on his own recognisance. M'Intyre, the officer, accompanied witness to the prisoner's residence, and he handed him some bottles and pill-boxes that he found there. Witness on this day several times gave the deceased arrowroot and brandy, and beef-tea and brandy, and they always remained on the stomach. On the following morning witness was sent for suddenly to the house, and found the deceased evidently dying; but there was no vomiting or diarrhoea. Witness believed that death was occasioned by the irritation produced by the constant administration, in small doses, of some mineral poison: arsenic or antimony would be calculated to produce all the symptoms exhibited by the deceased. Antimony would have been a most improper thing to administer to the deceased; and witness never administered any in the medicines he prescribed. The symptoms were not attributable to any known natural disease: he had seen much dysentery in the Crimea, but never saw such a case as this. He had never been present at a *post mortem* examination in slow poisoning by arsenic. Corrosive sublimate would have produced the same results and symptoms as appeared in this case: salivation would not necessarily be produced by it.

Mr. CAUDLE, the assistant of Dr. Julius, gave evidence as to the fact of the medicine prescribed having been made up by him; none of them contained arsenic or antimony. The son of Dr. Julius stated that he had, on April 30th, taken two sealed bottles, given him by Dr. Bird, to Mr. Buzzard, in Great Marlborough Street, and Mr. Buzzard gave evidence of having received the bottles and given them to Dr. Taylor, with a letter from Dr. Bird.

Mr. RICHARD BARWELL on the 4th of May made a *post mortem* examination of the deceased, assisted by Mr. Palmer. Dr. Julius, Dr. Bird, and Mr. Bird were present, but they took no part in the examination. The arms were flexible, but the legs were very rigid. The face was of a dull earthy colour, and very emaciated, and the lips were drawn in. The brain was perfectly healthy, and so were the lungs; the liver was hard and of full size. (It was stated by Mr. Palmer to be enlarged and hardened, and in an incipient state of fatty degeneration.) The deceased appeared to be between five and seven weeks advanced in pregnancy. The heart was healthy. Upon examining the stomach externally, he found at one end a large black patch, but there were no ulcers nor any appearance of acute inflammation. He had never made a *post mortem* examination in any case where death was the result of slow poisoning.

Dr. WILKES said that, in his opinion, the death of the deceased was most probably to be accounted for by some irritant. Excluding dysentery, he was not acquainted with any form of disease that would present similar symptoms.

Dr. TODD, physician to King's College Hospital, said that when he saw the deceased, he noticed a peculiar expression of countenance,—an expression of terror. The abdomen was very hard; and he was at once under the impression that she was suffering from the influence of some irritant poison. By witness's desire an evacuation was obtained, and he directed Dr. Julius to make up the sulphate of copper and opium pills. Witness had never known any bad effect produced by this medicine, and he did not think it possible it could produce a burning sensation in the throat or the stomach. If the disease had been diarrhoea and bowel complaint, the medicines administered by Dr. Julius were proper. He had never been present at the *post mortem* examination of a body where death arose from slow irritant poisoning. Vomiting and diarrhoea

might occur in early pregnancy, but he did not believe that in any stage of pregnancy there could be such an extensive ulceration of the intestines as existed in this case. The only disease that could in any way account for the symptoms of the deceased would be what is called acute dysentery; but he believed her death was caused by the administration of an irritant poison.

Dr. METCALFE BABINGTON, Dr. L. BOWERBANK, and Dr. COPLAND, stated that they had seen many cases of acute dysentery, and that the symptoms were not reconcilable with that form of disease. They believed death to have been the result of the administration of an irritant poison.

Dr. A. S. TAYLOR said that, on Sunday, the 1st of May, Mr. Buzzard brought him two bottles, containing matters to be examined. From an examination of one of these, containing about four ounces of an evacuation, he became satisfied of the presence of arsenic by the copper test. His calculation was that there must have been less than a quarter of a grain mixed with the four ounces of matter in the bottle. There was no trace of mercury, or antimony, or bismuth, but he discovered the presence of copper by a subsequent test. He recommended that hydrate of magnesia should be administered to the patient. He afterwards examined the contents of the other bottle, and found that it did not contain any poison or any metallic matter whatever. On the 5th and 7th of May, Inspector M'Intyre brought him a portion of human viscera: also a number of bottles, and several pill-boxes. There were altogether twenty-eight articles; he examined the whole of them for arsenic and other poisons, but did not discover any. Dr. Taylor said that he discovered antimony in the lower intestines, and also in the cæcum, and upon one of the kidneys. There were also traces of antimony in some blood that was said to have been taken from the heart. Dr. Odling and himself came to the conclusion that the quantity of antimony present was about half a grain. The intestines presented appearances of excessive inflammation, and the lining membrane was almost entirely destroyed. There was likewise blood in the stomach. The medicines that had been supplied by Dr. Julius contained the ingredients of which they were represented to be composed. In one of the bottles, found in possession of the prisoner, there were 355 grains of chlorate of potass. Another bottle appeared to contain a clear saline liquid. He tested a portion of the contents by Reinsch's test, and, upon first trying the copper, it was entirely consumed. He made a further test, which led him to suppose that there was arsenic present in the solution, but it turned out that it did not contain either arsenic or antimony, and that the arsenical appearances came from the copper gauze. By the destruction of the copper the arsenic contained in it was set free. The chlorate of potass destroyed the copper. Dr. Odling also came to the conclusion that the bottle contained arsenic, and they both stated that fact in their examination before the magistrates and the coroner. He had used the same description of copper gauze for a great many years, and never before discovered arsenic in it. He should certainly continue to use it, but not with chlorate of potass. Chlorate of potass would act upon the kidneys and carry off any matters contained in them. He could ascribe the death to no other cause than the administration of some irritant poison. The (supposed) finding of the arsenic in the bottle did not have any effect on the opinion he subsequently formed in reference to the case. The moment he discovered the mistake that had been made, he gave information to Sergeant Ballantine. Dr. Odling and Dr. Brande also analysed portions of the contents of the bottle, and they all came to the conclusion that there had been a mistake in the first instance. If no chlorate of potass or other ingredient had been used to carry off the arsenic in a case of poisoning, he should generally expect to find arsenic in the tissues of the body. No arsenic was found in the body of the deceased. In slow arsenical poisoning the vessels of the stomach might be gorged with blood. There were a variety of symptoms attending slow poisoning by arsenic. Sometimes it caused eruptions on the arms and hands, excoriation of the nostrils, and a hacking cough. A clammy sweating would be one of the consequences of antimonial poisoning, unless there was diarrhoea and vomiting. The action of small doses of antimony upon the liver would be to enlarge the liver and cause a deposit of fat on that organ. Dr. Taylor did not think antimony would have the effect of softening the liver.

Dr. ODLING gave evidence agreeing with that of Dr. Taylor. Mr. BRANDE stated that he examined the bottle of chlorate of potass, and found that it did not contain arsenic.

Mr. SERJEANT PARRY addressed the jury for the defence. He would not deny that the prisoner had violated the moral, if not a higher law, by committing bigamy: but he contended that none of the circumstantial evidence brought forward tended to fix the guilt of murder on him. He believed the will made by the deceased was the entire foundation for the charge. It might be said that this supplied the motive; but, if the other evidence were insufficient to support the charge of wilful murder, the existence of the will ought not to be allowed to operate in any way upon their judgment. It was said that the prisoner had perpetrated the crime to obtain possession of about £1,700 or £1,800; but he would equally have come into possession of it if the deceased had lived; for she had handed over to him the dividend that she received in April. While she lived, also, she was entitled to a life interest in £5,000, and the prisoner would have had the benefit of that also, and therefore he had a much stronger motive for her to live than he had to destroy her. He was certain they would not forget the uniform kindness and affection with which he had been proved to have treated the deceased, although it was suggested on the part of the prosecution that this conduct was merely practised to deceive and to throw off suspicion. The suggestion was that the prisoner was poisoning this lady, but there could be no doubt that he was the first to propose that additional medical assistance should be called in, and everything he did must have been done under the very eyes of several medical men of the greatest skill and experience. The conduct of the prisoner was extraordinary and unaccountable upon the supposition of his guilt; but it was clear, straightforward, and simple, upon the supposition of his innocence. The evidence by which it was sought to make out that a crime had been committed, was nothing but a theory. It was said that the death arose from the administration of some irritant poison, such as arsenic or antimony. Had any arsenic or antimony, or any other poison been shown to have been, either indirectly or directly, in the possession of the prisoner, or to have been within his reach or under his control? As to the stupid theory that the poison had been carried off by chlorate of potass, it was merely the offspring of a fertile brain, to account for what was felt to be an almost overwhelming difficulty, namely, the absence of any poison in the body of the deceased. Had a conviction for murder by poison ever been heard of without some evidence being adduced that the prisoner had poison in his possession, or that he was in a condition to obtain it? The prisoner was taken suddenly into custody; he was searched, and he had no opportunity of concealing the poison if there ever had been any in his possession. Dr. Taylor, when he was examined originally, stated, without the least reservation, that he had discovered arsenic in a vessel that was in the possession of the prisoner. If this had been the fact it would have been almost conclusive evidence, and if the mistake had never been found out, upon that fact alone the prisoner would have gone to the scaffold, probably perfectly innocent. Dr. Taylor no doubt believed that he was right, but was it not clear that he was wrong? and what reliance ought to be placed upon evidence of this description in a case where the life of a fellow creature was at stake? The same test was applied to the evacuation that was applied to the chlorate of potass, and might there not have been some mistake with the one as with the other? In the common grey powder there was frequently antimony; bismuth also frequently contained arsenic; and Dr. Taylor himself admitted that in the sulphate of copper that came from the surgery of Dr. Julius he discovered slight traces of arsenic. The evacuation which was said to have contained arsenic was handed to Dr. Julius by the prisoner himself. Dr. Julius stood in a very peculiar position. He admitted that on the 18th of April he suspected that poison was being administered; and yet, from that time down to the day before the death of the unhappy lady, he took no steps to obtain a nurse, or to put a stop to the wicked proceeding which he believed to be going on.

The following evidence was then called for the defence:—

Dr. B. W. RICHARDSON deposed that he was a doctor of medicine, a licentiate of the College of Physicians, and lecturer on Physiology at Grosvenor Place School. The symptoms of the deceased, and the *post mortem* appearances, in his opinion, were not reconcilable with slow arsenical poisoning. There was an absence of several symptoms which he should expect to find. The inflammation appeared more developed in that portion of the intestines which, in poisoning by arsenic, generally received the least injury. He should expect, in poisoning by arsenic, that arsenic would be found in the tissues of the body. He had administered arsenic in small doses, with chlorate of potass, to a dog; and, after the dog was destroyed, he discovered

arsenic in the liver, lungs, heart, and spleen. He gave eighteen grains of arsenic in sixteen days: he could not say how much he found in the body—there might have been half a grain. He tried experiments upon two other dogs, with antimony and arsenic given alternately, one in conjunction with chlorate of potass, and the other without. One of these dogs died at the expiration of eleven, and the other of twelve days; and in both cases a portion of the poison passed away in the urine. In slow poisoning by antimony, he should expect to find softening of the liver and congestion of the lungs, and some poison in the liver. The liver was generally the great *dépôt* for arsenic or antimony. He had seen many cases of acute and ordinary dysentery; and the symptoms exhibited by the deceased more resembled those of the former malady than the result of slow arsenical or antimonial poisoning. He was acquainted with many cases of pregnancy where the patient suffered from vomiting and diarrhoea. From the description that had been given of the deceased lady, he considered she was a very likely subject for dysentery. He had analysed ordinary bismuth, and had discovered arsenic in many instances; the largest quantity was half a grain in an ounce of bismuth. He had prescribed bismuth to a patient; and, after taking it several days, a certain quantity of arsenic passed from him. Antimony would undoubtedly cause sickness, and sometimes purging; and it would also be calculated to produce a sensation of burning heat in the stomach. He did not believe that sulphate of copper was likely to produce such a sensation. Heat in the abdomen, and the other symptoms he had mentioned, were symptoms of irritant poison having been taken, but they were also symptoms of violent diarrhoea; and whenever there was an excess of acid in the stomach, it was likely to produce a burning sensation. If a patient was suffering from violent irritation of the stomach, from any cause, sulphate of copper would be likely to increase that irritation.

Mr. J. E. D. ROGERS, formerly lecturer on Chemistry at the Grosvenor Place School, had given chlorate of potass, as an experiment, with arsenic and antimony; and it had no effect whatever. Chlorate of potass was very much used as a wash for the mouth, to sweeten the breath. Supposing arsenic and antimony to have been administered to any one for five or six weeks, he should certainly expect to find both substances in the tissues of the body, particularly in the liver, and in the kidneys and spleen; and if he did not find any poison, he should believe that none had been administered. He did not believe it possible to find antimony in the blood without also finding it in the liver. He could state positively from his own experience, that nearly all the bismuth that was sold contained arsenic, he should say to the extent of half a grain to an ounce. Grey powder frequently contained antimony, and he should say more than bismuth would contain of arsenic. The condition of the intestines of the deceased was not consistent with slow arsenical poisoning. There was a peculiar appearance of the conjunctiva that he should always look for in slow poisoning by arsenic, which was absent in this case. In slow poisoning by antimony, he should expect to find a clammy sweat all over the body, and a deathly coldness; and that the liver would be softened. Supposing the sixth of a grain of arsenic to be found in an evacuation, he should think that a large portion still remained in the system. If under such circumstances he did not find arsenic, he should be inclined to doubt whether the experiment on the evacuation had been correct. There were means of obtaining copper perfectly pure; and he considered it a most dangerous thing to use copper of any other description, particularly where a man's life was at stake.

Dr. THUDICUM deposed that he was a doctor of medicine, and lecturer on Practical and Experimental Chemistry at the Grosvenor Place School; and he was also a pupil of Professor Liebig. He believed that all the symptoms were consistent with a natural death; and, in his opinion, she died of dysentery. The diphtheritic symptoms were not consistent with death from slow arsenical or antimonial poisoning. In such cases, the poison would be found in the tissues. He had found that grey powder contained arsenic and antimony, and a larger portion of the latter than the former. He had also analysed bismuth, and found it contained both arsenic and antimony. In one instance, in 120 grains of bismuth he found about half a grain of arsenic. He could not say the quantity of grey powder he had analysed. The mercury the deceased took might have produced the aphthous spots in the mouth; but he did not think the arsenic or the antimony had anything to do with her death. He thought that the quantity of arsenic and antimony contained in the bismuth and the grey powder would

account for a small portion of arsenic being found in an evacuation.

Dr. F. C. WEBB, lecturer on Medical Jurisprudence at the Grosvenor Place School of Medicine, and a physician of the Great Northern Hospital, gave similar evidence to the last witness as to the cause of death; and said it was his opinion, from the symptoms, that the deceased died a natural death. The pregnancy of the deceased was a material ingredient in the case, and it would have accounted for many of the symptoms that presented themselves. He considered the administration of sulphate of copper to the deceased, in her condition of pregnancy, as very improper; and that bismuth ought not to have been given to her, unless it was pure. He considered the deceased died of dysentery, aggravated by her pregnancy; and he had read of many such cases that had altogether baffled medical skill. If he was called in to attend the wife of a medical man, and her husband told him that she was not in the family way, if he found that the medicines he prescribed did not have their proper effect, he should still feel it his duty to make further inquiries to ascertain whether she was pregnant or not. He should not expect that any medicines would check such a disease as that to which he attributed the death of the deceased. He should not have dreamed of poison if he had attended upon the deceased, and had seen all the symptoms that presented themselves. Fifteen thousand persons died of dysentery in this country from the year 1848 to the year 1854.

Dr. G. F. GIRDWOOD deposed that he had had great experience in midwifery, and he had seen many cases in which pregnancy was combined with dysentery, and in one case the dysentery was very severe.

Mr. JAMES EDMUNDS, surgeon to the H division of police and to the Royal Maternity Charity, said that in his experience purging and vomiting were very common in the early stages of pregnancy, and the former was frequently as violent as almost to exhaust the patient; and he knew of one fatal case of this kind. This patient was a woman, about forty years old; she was married, and had had several children. The illness continued for several weeks, and she frequently complained of burning pain in the stomach. The witness made a *post mortem* examination. The cæcum and the lower intestines were violently inflamed, and there were ulcers as large as a shilling. The patient was in the seventh month of her pregnancy. He administered bismuth, and it relieved the vomiting for the time, but it came on again. Witness was in attendance to give evidence in another case, but he felt it his duty to communicate with the solicitors for the prisoner, and he was then subpoenaed to attend.

Dr. TYLER SMITH, physician-accoucheur to St. Mary's Hospital, deposed that he had devoted great attention to midwifery, and was the author of a work upon the subject. Excessive vomiting was very often a symptom in the early stages of pregnancy, and he had known instances in which it had caused death, baffling all medical treatment. In the case of a patient who was suffering from purging and vomiting, he should consider it very important to ascertain whether the patient was pregnant or not; and this, in his opinion, should always be done in such cases. In pregnancy accompanied by purging and vomiting, it was very common for the patient to feel a burning sensation in the stomach, and the mouth would become sore; and he had seen cases where the symptoms had been so similar to those that would have resulted from the administration of poison, that the evacuations of the patient were submitted to examination by a chemist. In cases of excessive vomiting in pregnancy, prussic acid was a most valuable medicine. It was a very common thing in such cases shortly before death that the patient should cease vomiting, and even be able to take food, and this was the case with the celebrated Charlotte Bronte, who died of vomiting in pregnancy. The death, in point of fact, was the result of starvation; under such cases the countenance of the patient always presented a most peculiar appearance. Any irritating medicine would keep up dysentery.

Mr. PEDLEY, a dentist in George Street, Hanover Square, deposed that in February last Dr. Smethurst applied to him to give him something for foulness of breath, and he mentioned chlorate of potass as an ingredient that might be used with good effect.

Mr. SERGEANT BALLANTYNE then replied for the prosecution. After commenting on the various points in the general evidence to show that they pointed to guilt on the part of the prisoner, he noticed the medical evidence. Cases of slow poisoning were very rare; there were a great many difficulties to contend with in making out such a case, and it could only be done by circumstantial evidence. If it would be required that positive

evidence should be given of the commission of the offence, this terrible crime of secret poisoning would in almost every case go unpunished. With reference to the mistake that had been committed by Dr. Taylor, he said in his opening that this mistake had been committed; but the jury would recollect that it had been proved by competent persons that the test he made use of was a perfect test under ordinary circumstances, and it was only defeated by the presence of the chlorate of potass. He then called the attention of the jury to the fact of a certain quantity of arsenic being found in one of the evacuations of the deceased, and he said that one of the medical men who had been examined on behalf of the prisoner had admitted that under such circumstances he should have expected that a large quantity of arsenic had been in the body. A good many fanciful theories had been suggested on the part of the defence; and an endeavour was made to account for the presence of the poison by saying that it was contained in the bismuth that was prescribed by Dr. Julius. But the bismuth which came from the surgery of Dr. Julius was proved to be entirely free from arsenic; and in that which had been analysed by the witnesses for the prisoner, the quantity was quite infinitesimal, and could hardly be appreciated.

The LORD CHIEF BARON then summed up. After going through the general history of the case, he came to the medical testimony. He observed that the whole of the medical men who had been examined, who were all men of experience in their profession, concurred in expressing their opinion that the symptoms exhibited by this unhappy lady were unlike those of any known disease, and were more ascribable to the administration of an irritant poison than to any natural disorder. The counsel for the prisoner had made a great deal of the mistake made by Dr. Taylor, and he had a perfect right to do so. It appeared, however, that it was clearly a mistake; and that it was owing to a new discovery in science that chlorate of potass would dissolve copper. They must, therefore, give to this fact no more effect than it really deserved; and he certainly considered that the learned counsel for the prisoner had no right to ask them to dismiss Dr. Taylor's evidence altogether, in consequence of this mistake. Dr. Taylor had frankly admitted his mistake; and if it really arose from a new fact in science, he thought it would be rather too much to say that upon such a ground Dr. Taylor's evidence should be altogether rejected. His Lordship then proceeded to comment upon the evidence for the prisoner. Many witnesses, he said, were called, and their evidence appeared to be to the effect that according to their opinion and experience the symptoms were not consistent with a case of slow arsenical poisoning, and that a great many symptoms which were almost invariably exhibited in such cases, were absent. A good deal of their testimony also went to show that chlorate of potass would not have the effect of eliminating the arsenic from the system more rapidly. With regard to this latter portion of evidence, after the discovery that no arsenic was contained in the bottle No. 21, it appeared to him that it was of no value whatever, except so far as the learned counsel had a perfect right to use it to attack the evidence of Dr. Taylor. Another portion of the evidence went to show that the deceased might have died of some natural disease; but none of the witnesses went so far as to say that she actually did die of such disease. Those witnesses also expressed their opinion that in death from arsenic or antimony some portions of these substances would be found in the body, and particularly in the liver. All the evidence, however, the jury would recollect, was merely the evidence of scientific men, the result of reading and study; and, although such evidence was undoubtedly receivable, still the jury must consider how far it ought to weigh against that given by witnesses who saw the patient while living, and who had the opportunity of personally observing all the symptoms. One of the witnesses called on behalf of the prisoner for the purpose of casting a doubt upon the existence of poison, admitted that he had not taken the measures that were necessary to arrive at a correct result, and the only reason he gave for this was that he had not the time. It appeared that no answer whatever had been given to the main point in the prosecution—that no medicine whatever had the slightest effect upon the malady under which the deceased was suffering. The medical evidence was, of course, very important; but the jury must, in addition, look at all the other facts in the case, and particularly to the conduct of the prisoner, and his motives for committing the crime. Even supposing that there were no medical testimony at all in the case, they would still have a very grave question to decide with reference to the guilt or innocence of the prisoner.

The jury, after an absence of forty minutes, returned a verdict of "Guilty."

The prisoner, on being asked in the usual form whether he had anything to say why judgment of death should not be passed upon him, addressed the court for about twenty-five minutes. He admitted that he had acted illegally in marrying the deceased; but swore that he was perfectly innocent of having administered anything wrong to her. He said his wife was aware of the attachment between him and Miss Banks, and that it was arranged that she should never trouble him nor make any inquiries after him, and he was to visit her when he pleased. With regard to the letter addressed to his wife that was found in his possession, he had written to her every week since they had been separated. During Miss Banks's illness, he was always anxious to have additional medical advice; and he declared before God, that it was himself who advised that Dr. Todd should be sent for. The doctors deceived him with regard to the state of the lady, and they always said that she would recover. Dr. Todd had no opportunity of examining the state of the lady, for he was not in her bed-room more than four or five minutes, and as to the extraordinary expression of countenance that he has spoken of, it was very likely occasioned by her seeing three men, one of them a strange doctor, in her bed-room. With regard to the finding of half a grain of arsenic in the motion, all he could say was, that she had fifteen motions on that day, and if there was nearly half a grain in that one evacuation, there must have been at least four grains of pure arsenic in her body, and yet none whatever was discovered. It had been urged against him that no one knew what became of the food that was not consumed by the patient. He used to eat what she left. He denied entirely that there was any secrecy or concealment; the bed-room door at both the lodgings was constantly open, and the landlady, or any one else, could see what was going on in the room. Besides this, he used to go out six days out of seven, and he always went two or three miles to post his letters. He declared most solemnly before God, that he never desired to prevent Miss Louisa Banks from seeing her sister, and as to the supposed motive for committing the offence being to get the deceased's money, he could have had that at any time. She gave him her dividend, and she had such confidence and affection for him, that if he had asked her for the money, she would have let him have it immediately. Besides this, he had no want of money. He had £400 in his possession, besides the amount at his banker's, when he was taken into custody. He also wished to state, with regard to his wife, that he had no property with her, and that they had lived together happily a great many years, travelling about and living in Paris, and also at different places in Germany. He had always acted honourably, and paid everybody, and although his conduct had been raked up for thirty years, nothing had been found out against him, and this singular charge would never have been made but for the ill-feeling that Dr. Julius entertained towards him.

The LORD CHIEF BARON then pronounced sentence of death: upon which the prisoner exclaimed in a firm voice, "I declare Dr. Julius to be my murderer. I declare I am innocent before God."

The trial lasted five days.

TO CORRESPONDENTS.

Communications have been received from:—MR. E. DANIELL; DR. W. F. MESSEY; DR. E. WATERS; MR. S. H. EVANS; DR. J. H. GOODWIN; MR. W. GILLIBRAND; MR. T. MORRIS; DR. T. SKINNER; DR. D. THOMSON; DR. G. D. GIBB; DR. J. G. CROKER; MR. J. LUCAS; MESSRS. SAVORY & MOORE; DR. O. WARD; DR. F. H. WOODFORD; MR. SPENS; DR. HYDE SALTER; MR. T. HOLMES; DR. DAVEY; MR. EDWARD LISTERS; MR. A. T. H. WATERS; DR. JAMES RUSSELL; THE REGISTRAR OF THE MEDICAL COUNCIL; MR. THOMPSON; MR. WILLIAM MARTIN; MR. W. F. CLEVELAND; DR. P. H. WILLIAMS; MR. J. C. DAVIE; MR. J. H. SPENCER; and MR. J. C. S. JENNINGS.

ADVERTISEMENTS.

Crosse and Blackwell, Purveyors in
Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloaters Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of CROSSE and BLACKWELL, 21, Soho Square.