

that it was a matter for argument by counsel before the jury, and not one that the witness could give as his conclusion.

Dr. Warren continued—There is no exact location for the inflammation of the brain from fulminant cerebro spinal meningitis; it may be found on its surface, in its substance, in its ventricles or in the spinal cord; I said yesterday that I thought it would have been better if the whole spinal cord had been examined; it is simply possible that lesions would have been discovered on further examination of the spinal cord; I do not know of any laws which would have made it certain that lesions would have been discovered; I do know that lesions might have been discovered; the books give cases in which lesions were found in the spinal cord and nowhere else; in those cases the lesions were not found anywhere else: I do not remember that the cases were of the fulminant form, but I suppose—

Mr. Syester—Never mind, Doctor, what you suppose.

Dr. Warren—Well, I doubt the authenticity of the cases reported. He continued—I doubt if a further examination would have developed lesions; if lesions had been found in the lower portion of the spinal cord, I think they would have been of those of the inflammatory form; they might have been of the fulminant form; I do not know that the spinal cord is only affected, if at all, in violent forms of the disease.

Mr. Syester now read a note in Reynolds' System of Medicine, edition of 1868, as the nomenclature of the disease; and the witness repeated in the main what he had said previously of the different forms.

Mr. Syester here read from Flint, page 654, of two cases there reported, in which there were no effusions in the nervous centres, and Dr. Warren said he did not think the author referred to them as the products of inflammatory action.

Mr. Syester next read from Stille, page 76, and Dr. Warren said he agreed with the opinion there expressed; he understood the author to be treating of the fulminant form, and continued, I do not know that he treats of any other form.

Mr. Syester then read from Niemyer, volume 2, page 222, that in some cases the disease ran its rapid course and no symptoms of tetanic convulsions showed themselves, and the witness agreed with the author, and continued—A man may be stricken down without being able to speak or make a sign; headache may be very slight, and it may not occur; it might last five hours, and there might be no headache, and again in two days it might not show itself; I would not conclude that if a man said two hours before death that the pain was in his stomach, that headache was necessarily absent; I would not conclude either, that there was general paralysis; when paralysis is present it connects itself oftener with the inflammatory form than any other.

Mr. Syester again read from Niemyer, page 222, as to the symptoms and rapid course of the disease, and Dr. Warren said the author did not refer to the tetanic form in his remarks about general paralysis.

He continued—Hyperesthesia may occur at any period of the disease, and may disappear at any time; I think the tremor described by Dr. Williams indicated it; I did not hear Mrs. Hutton's testimony about having sat by and rubbed his hands; I would not consider the failure to respond then an indication of hyperesthesia; I do not mean to say that it was present at that stage; the tremor observed by Dr. Williams was a sufficient indication to my mind of the presence of hyperesthesia; I know from that tremor that hyperesthesia was at that time present; if it did disappear; the fact that he afterwards put his hands on his body and scratched himself is another indication, not amounting to positive proof, that irritation was present; I can well understand how a man in a state of semi-consciousness would, in his efforts to remove the sources of irritation to his skin, abrade his skin; my judgment is that those movements of General K's hands, in scratching himself, etc., were automatic; but if they had any pathological significance, they pointed either to the existence of pain or hyperesthesia; a shiver passing from head to foot never occurred under such circumstances; his sleep amounted to semi-unconsciousness, as he had to be shaken before his physician could awake him; I admitted from the start that it was a slight circumstance; I simply said that at the moment General K. applied his hands and scratched himself indicated that hyperesthesia might at that time have been present; I would not say that during the time Mrs. Hutton was rubbing General K's hands that hyperesthesia was present just at that time; I can't say that it disappeared just at that moment; I have not read Dr. Williams' letter since yesterday, but I can give you my reason, for the opinion to which it led my mind.

Mr. Syester—Never mind, Doctor; you could not give an opinion yesterday without having re-read the letter, and we don't want it to-day, as you have not read it since yesterday.

Dr. Warren continued—Opium would prevent vomiting if given in a sufficient quantity; the urine would be last affected in opium poisoning; I have said that muscular relaxation was among the symptoms of tartar emetic poisoning. [Mr. Syester here read from Taylor on Poisons, page 249; Stille on Poisons, 2d vol., page 40; Taylor on Poisons, page 390, and Wormley, page 216, and Dr. Warren expressed his concurrence with the opinions there expressed.] He continued—If the symptoms I have described and agreed to were present, and antimony was discovered in his stomach, I would investigate the case, and if I found the symptoms of antimonial poisoning I would infer antimonial poisoning; but if the post mortem lesions and the symptoms were those of another disease, I would refer it to that disease; if I found the characteristic symptoms of tartar emetic poisoning, and the post mortem confirmed these symptoms, my opinion would be that tartar emetic had caused death; special tetanic spasms may occur in connection with muscular relaxation; profound coma is sometimes a symptom of cerebro spinal meningitis; I don't know how much I get as a fee in this