

To Mr. Revell—In this disease it is very difficult to tell when an improvement commences; it is very important to be present and observe the symptoms as they occur; I said there would be an enemic condition of the brain previous to the application of the ice bags; the books do not say that the absence of lesions is attributable to the rapidity of the disease. Dr. McClurg here referred to Aitkin, page 1,007, and said that active congestion of the brain did not necessarily follow. He continued—I have had cases in which this congestion could be observed without the use of the microscope.

Mr. Revell here read from Niemyer, page 155, and Dr. McClurg said Niemyer was good authority, and he agreed with him in the statement read.

He continued—As a general rule, in cerebro spinal meningitis there is a suspension of all the secretions; the suppression of urine is one of the characteristic symptoms of the disease, and as a general rule it is always found; I have failed to find it in chronic cases; the suppression shows itself early in the attack.

Mr. Revell here read from Stille, page 53, on the subject of the suppression of the urine, and Dr. McClurg expressed his opinion, with qualifications.

He continued—Headache is by no means an invariable symptom in the fulminant form.

Mr. Revell here read to the witness a statement embracing the points which he contended had been established by the testimony, and those contained in the statement read to Professor Donaldson, and Dr. McClurg testified—I would have no doubt at all in believing that he had died from some brain trouble and I would conclude from the symptoms that he had died from apoplexy from congestion; the red clots in the brain would not necessarily appear in the post mortem examination; apoplexy from congestion is a different disease from cerebro spinal meningitis; if antimony had been found in his stomach, liver and kidneys, I could not say whether he died from antimonial poisoning, cerebro spinal meningitis or apoplexy from congestion; the case is an anomalous one; if I had seen the case and watched the symptoms I might be able to give an opinion; many things are omitted from the hypothetical statement which I would have looked for, and I have to form my judgment from the chain of symptoms stated; I would say that he died from a deranged condition of the nerve centres; the finding of antimony would not change my opinion as to that having been the case; the violence of the symptoms of tartar emetic poisoning, do not always depend upon the quantity administered; three grains may produce as much vomiting as fifty grains; two or three grains is a uniform dose; the secondary effects resulting from a large dose may not result from a small dose; I do not think that a large dose would destroy the muscular power of the stomach so suddenly as to suppress vomiting.

Mr. Revell here read from the *London Medical Times and Gazette*, volume 12, page 403, as to the effects of a large dose of tartar emetic, and Dr. McClurg said he had had no experience in injecting tartar emetic in the

blood vessels, and would not like to give any opinion.

Mr. Revell again read from Taylor on Poisons, page 477, and Dr. McClurg said he agreed with the author in his statement of the symptoms, but those given there were only some of the symptoms.

Mr. Revell continued to read further of the symptoms, and Dr. McClurg said it might act as a corrosive poison and destroy the coats of the stomach, but that he agreed with Taylor in the main; in case of apoplexy from congestion we may not always have extravasation; I do not know that Niemyer holds that opinion, but I know that such is the fact.

To Mr. Syester—I use yellow jessamine generally in cases of inflammatory attacks; I think yellow jessamine would be a pretty good remedy in cases of apoplexy from congestion; I do not know that I would use forty drops, but I use Taylor's extract, and it is much stronger than the ordinary tincture; forty drops of yellow jessamine would not have thrown General K. into convulsions, no matter what he had been suffering from; the most rapid case of tartar emetic poisoning I ever had was that of a gentleman who took twenty grains of tartar emetic, instead of calomel, which I had prescribed for a plaster, and he recovered in about a day; if he had taken the calomel, instead of the tartar emetic, I don't know that he would have been well so soon.

Mr. Hagner here read to the witness from Taylor as to the symptoms of tartar emetic poisoning, and Dr. McClurg agreed with the opinion.

Mr. Steele read from Aitkin, page 1007, and the witness agreed with the statement of the absence of appreciable lesions.

To Mr. Thomas—I don't think that the change for the better after 1 o'clock on Wednesday was at all attributable to yellow jessamine.

To Mr. Syester—I do not think that if tartar emetic had been given him at 1 o'clock it would have had any effect, for he was too far gone; if tartar emetic had been found in his stomach I would say that it had been administered before 1 o'clock; cerebro spinal meningitis affects the digestive organs; the appetite is generally poor, and digestion is retarded during the whole course.

The witness was here dismissed.

Henry Martin was next called, and testified—I was President of the Baltimore Copper Company, but resigned about a year ago.

Mr. Steele here, in answer to Mr. Revell, said he desired to show by the witness what were the facts in reference to the connection of Prof. Tonry with the Baltimore Copper Company.

Mr. Revell said he objected, as the defence had brought it out in cross-examination, and he considered that it bound the defence.

Mr. Steele replied, and stated what he expected to prove, namely, that Prof. Tonry was never employed as a chemist by the Baltimore Copper Company, but that he had been refused employment as a chemist by that Company, and had left because of some difficulty about his salary.

Mr. Revell replied at some length, earnestly