screaming was constant and the convulsions existed; and it was apparently under its use that this child rallied. Other measures, which are, however, in every-day use, were also enforced, but need not be spoken of here. The recovery of all was unusually protracted and slow, as indeed we might expect in such cases.

From this brief sketch it will readily be inferred what the line of treatment is which I would venture to suggest in this intractable disease, and I can only venture to suggest it, inasmuch as the experience I have had has been too limited to enable me to speak with confidence of it. But what then? Is it not better to act on a hint of this sort, few though the recoveries have been, than continue in the beaten path, which we know, as a matter of fact, leads to such a fearful mortality. I cannot think there is anything irrational in the general views of the disease which have been now stated, while the mortality alluded to will justify any modification of treatment which will hold out a reasonable prospect of success. To sum up, then, I would say that the ordinary form of hydrocephalus is a subacute disease, that bleeding and mercury ought to be very moderately used in this form of it, while wine or other stimulants ought to be given as early as prudence would justify.

ART. VII.—Observations on Arsenical Poisoning. By T. G. GEOGHEGAN, M.D., Fellow and Professor of Forensic Medicine, Royal College of Surgeons, Ireland; Surgeon to the City of Dublin Hospital; Hon. Member of the Natural History Society, Montreal, &c.

The increasing interest which attaches to the practical study of legal medicine, and the responsibility which, in charges of poisoning, devolves upon the medical witness, induce me to lay

* It was my intention to have made some remarks on the treatment of other affections which occur in the strumous constitution, and as bearing out the views advanced; but my limits prevent this at present.
before the profession a portion of the results of my inquiries and
experience in reference to arsenic, a substance confessedly the
most usually resorted to for criminal purposes in the British
Islands. The position of the medical witness in charges of poi-
soning is somewhat peculiar, as upon him exclusively devolves
the burden of the proof as to the mode of death; although, un-
fortunately, in many cases the information which he is enabled
to communicate is nullified (as far as concerns the conviction of
the guilty), by the difficulties which surround the proof of
administration.

Although criminal poisoning is essentially a secret crime,
some of the following cases will, I trust, serve to show, that
even the proof of administration with intent, is sometimes within
the power, and undoubtedly within the province of the medical
witness.

The general observations which I shall have occasion to
make, and which refer to the vital manifestations, morbid
changes, physiological distribution, antiseptic powers, and de-
tection of the poison, I shall reserve till the cases on which they
are based shall have been stated. The latter I shall give in de-
tail; for although in so doing I may incur the risk of being te-
dious to the general reader, I shall be thereby enabled to afford
the medical witness the opportunity of comparing individual
conditions with those which he may have himself encountered
in any case under his investigation, and also to furnish (as far
as may be) to the toxicologist in search of generalizations, an in-
creased basis for the construction of the latter.

I trust, therefore, to receive the indulgence of the medical
and medico-legal reader, and I have only to regret that, from
the influence of circumstances for the most part beyond my own
control, the series of conditions described in the following his-
tories are not uniform throughout.

Case I.—P. Bannon, a farmer, and Jane Shalvey, were in-
dicted at the Commission Court, Dublin, in April, 1845, for the
murder of the husband of the latter. It appeared that the pri-