left leg was swollen near the knee-joint and below it. It was blackish and purple, which extended from the calf to near the middle of the thigh. The calf was 2in. greater than that of right leg. The swollen part was livid, and had nine blisters about the size of a shilling, besides many smaller ones. The blisters contained blood-stained serum, which became partly solid on the addition of nitric acid. The tissues immediately under the blisters were injected with blood. On the back of the calf there was a linear scratch 2½in. long. It had nearly healed. The parts near were slightly livid. The left leg appeared a little out of straight line, and on moving it I found a fracture of both bones just below the knee-joint. Below the swelling on the lower side of the limb there were three abrasions across its front. Wool from the drawers was sticking in these wounds, which were slightly irregular in shape, but appeared to run parallel across the leg in the direction of the right knee. The breadth of these three scratches was about 1in. The left foot was slightly swollen. The livid discoloration in this part was not uniform, and it faded into the surrounding skin. The discoloured patches on the inner side of the thigh, which are continuous with the lividity in the neighbourhood of the fracture, was confined to the surface-layer of skin. It was not elevated, and there was no flow of blood from the incision made into it. It had a fairly well defined margin. There was a slight change of colour in the skin around the margins of lividity. It looked very slightly yellow. On making an incision through the swollen parts on to the fracture I found clotted blood and serum in the tissues and around the fractured bone. Oily fluid escaped from the centre of the larger bone. The muscles appeared softened. The clotted blood was in layers between the muscles all round the fracture. On the inside of the knee the lividity was of the same character as near the seat of fracture. Above the knee-joint this lividity merged into the ordinary lividity that is found after death. Over the right upper half of the chest in front there was a slight previous discoloration, with two slightly curved parallel lines of deeper discoloration ½in. apart, running from above the nipple towards the shoulder-joint for a distance of 2¾in. There was an evident fracture of the right collar-bone.

(The Court here adjourned for an hour for lunch.)

Dr. Barclay, continuing, said that, on reflecting the scalp I found an area of clotted blood about the size of a five-shilling piece underneath the scalp, corresponding to the discoloration on the left temple. The formation of the skull was normal. The veins running on the surface of the brain were congested, and there were slight serous exudations under the membrane that forms the immediate covering of the brain. On the left hemisphere there was a small depression, about the size of a pea. Its contents had the appearance of altered blood, and it was not recent. This was the probable site of a slight apoplexy. The cavities of the brain were normal in amount. Under the greenish discoloration described over the front of the chest layers of clotted blood were found in the muscles. The diaphragm reached about the height of the fifth rib. The right lung had a mottled-grey appearance, and was not adherent to the chest wall. The same applies to the left lung. The bases of both lungs showed the usual congestion found after death. The lungs as a whole and in parts floated in water. There was no fluid in the chest cavity. The heart was normal in its position, while the large blood-vessel showed signs of fatty degeneration at the junction of the heart. This is almost invariably found in elderly people. The low cavities of the heart contained clotted blood, that in the ventricle party white, the remainder black. There was clotted blood in the right cavities of the heart as well. The intestines in the neighbourhood of the gall-bladder were remarkably stained with bile, the gall-bladder being full. The liver was fatty, but otherwise normal. Spleen was normal. Kidney tissues were rather pale, and appeared fatty. Their capsules were easily peeled off. The kidneys and heart were slightly enlarged. The stomach contained a small quantity of bile-stained mucous. There was no appearance of food. There were minute patches of bleeding into its walls. The upper part of the small intestine contained some yellowish fluid. The lower half was empty. The large intestine was empty, except for a few hard fetal masses. The urinary bladder contained about 3oz. of urine. Its specific gravity was 10·18, and there was albumen in it. The pancreas was normal. In cutting down from the leg clotted blood was found at the end of the bones as well as in the tissues. The larger bone of the leg had a piece 3½in. long broken out. The fracture extended into the knee-joint and down the length of the bone for 5in. The smaller bone was broken just below the knee-joint. At the posterior surface of the bone as well as on the inner side there was clotted blood in the tissues. The marrow was quite softened. There was no sign of new bone forming. On cutting down to the fracture of the collar-bone the tissues appeared degenerated. A piece of the bone was detached from the rest of the bone. The fracture was oblique, and 2⅛in. in length. There was a blood clot at the centre of the bone at the broken ends. The injuries to the collar-bone must have been produced by severe direct violence. The injury could not have been self-inflicted. It must have been done in life. There was nothing in the fracture to indicate how long it was done, but it must have been at least twelve hours. The injury to the leg was done in life, at least six or eight hours before death, and might have been two days. I could not say when the injury to the temple was inflicted. There was nothing to indicate that these injuries were inflicted at different times. The injury to the temple might have been done by a fall, but not the other injuries. I saw no indications of blood-poisoning; it is probable I would have seen them had there been any. There was no broken skin over the fracture. There was no sign of blood-poisoning in the scratch on the back of the leg. I saw no suggestion of blood-poisoning on the body. Had blood-poisoning been going on for three weeks there would probably have been signs. The swelling of the leg supervened on the fracture. A rapidly-running vehicle might possibly—but very improbably—have caused the injuries. A light-loaded gig that would bound or spring would probably cause the injuries. A loaded vehicle would do so. These are the only circumstances under which these injuries may have been inflicted—a rapidly-travelling vehicle heavily loaded, and probably with strong springs. There is a possibility of a vehicle such as he had described striking the leg and, bounding over the body, strike the collar-bone. It is not possible that a man suffering from these injuries could have gone a distance of half a mile. Neither is it possible that he could have crossed a water-race 2ft. wide and 1ft. deep. He could only crawl