relief; but afterwards went to St. George's Hospital, where he remained thirteen weeks, and was discharged cured.

On the 7th of May last, whilst in the act of shoeing a horse, he received a twist in the loins, from the horse's foot being violently withdrawn from between his left thigh and abdomen. He again observed his urine tinged with blood, and more copious than natural.

Present symptoms.—Heat of skin natural; tongue white, and great dryness of fauces; sleep disturbed by pain referred to the top of the bladder, and frequent calls to void his urine, the pain being relieved after emptying his bladder; appetite completely gone; great thirst; bowels well open, from the action of medicines; pulse 62, intermittent; urine dark-coloured and tinged with blood, no deposit.

The nature of the injury, and the bloody-coloured urine, were sufficient to establish the diagnosis in this case. Hæmaturia, or bloody urine, however, may have its source from hæmorrhage of the bladder, the ureters, or kidneys; from which of these it is doubtful in this case. Pain was first referred by the patient to the top of the bladder, but four days after he complained of severe pain in the inferior and left side of the abdomen, in the direction, in fact, in which the injury was inflicted; and also in the left lumbar region. It is, therefore, likely that the bladder and kidneys were both implicated in the injury, and furnished the blood which appeared in the urine. The quantity of blood was not very considerable, and presented no coagula.

The increased secretion of urine which accompanied the hæmorrhage now, and after the former accident, is a singular circumstance, and certainly does not indicate that any serious injury has been inflicted on the kidneys.

The sallow, unhealthy aspect of the patient is very similar to that which accompanies malignant disease; but there is no ground for believing that any such disease of the kidneys or bladder exists. The mechanical nature of the cause of the hæmaturia was too obvious on this and the former occasion to admit such a morbid influence as necessary to its production.

The disease on the former occasion appears to have been very obstinate, having lasted upwards of five months; on the present occasion it promises to terminate favourably much more speedily.

As the quantity of blood discharged with the urine was not considerable when the patient was admitted, and was diminishing, an acidulated and aperient draught, containing ten minims of dilute sulphuric acid, and two drachms of the sulphate of magnesia, were ordered, three times daily; with rest and low diet. The pain in the lumbar region was greatly relieved by cupping to

twenty ounces, and had nearly disappeared at our last visit. He then complained of great weakness, and, as the urine still continued to be slightly tinged with blood, he was ordered ten minims of the tincture of the muriate of iron, three times daily, and to have a little meat for dinner.

21. The urine is more natural; the countenance less sallow; he complains, however, of thirst and want of sleep at night.—To have an opiate; toast-water for drink; and to continue the muriate of iron.

MEDICAL JURISPRUDENCE.

To the Editor of THE LANCET.

SIR:—Perceiving, by the late numbers of your Journal, that you are determined to fill up the blank that existed in the medical literature of England, by devoting a portion of your space to communications connected with forensic medicine, I beg to place at your disposal an extract from a lecture, containing an account of a medico-legal investigation which was conducted by my colleagues, Messrs. Dawson and Potter, and myself. I have the honour to be, Sir, your obedient servant,

MARTIN H. LYNCH.

2, Queen-square, Newcastle,
June 8, 1839.

NEWCASTLE-ON-TYNE SCHOOL OF MEDICINE AND SURGERY.

Extract from an Introductory Lecture on Forensic Medicine, delivered by MARTIN H. LYNCH, M.D., on the 1st May, 1839.

A young unmarried woman, without having previously complained of bad health, was seized with sudden illness, and died in about twenty-four hours, having been first seen by a medical man when she was *in articulo mortis*. Suspicions of various kinds were excited, and a coroner's inquest was held.

Now, before dissection, what conjectures might be formed in this case as to the cause of death?

From the sudden accession of the symptoms, the description which was given of them, and the short time within which death took place, it would appear that, if dissolution had been the consequence of *poison only*, this poison must have been a *corrosive* (such as sulphuric acid, &c.), or one of the most energetic of the irritants.

What information did an examination made by medical men supply?

On dissection the stomach was found perforated at the centre of an ulceration placed near the pyloric orifice of the organ; the surface of the ulcer was formed by the slightly thickened peritoneal coat, and this membrane was pierced by an opening, of a round or oval form, with a smooth edge,