

one, at the lower part of the popliteal region, extending downwards and outwards.

15. On the outer aspect of the left leg, about three inches above the external malleolus, there is a large superficial incised wound, giving rise to an extensive flap of skin.

16. An incised wound on the outer side of the left patella, with a direction upwards and inwards, penetrating the knee-joint.

Remarks, noted during the examination of the body.—The large deep wound on the back of the neck, from its direction and other circumstances, appears to have been produced by a blow from in front whilst in an upright position. The large deltoid wound also appears to have been produced while standing, and from in front. From its peculiar torn appearance, and the crucial nature of the wound, it cannot have been done by a clean cutting instrument, but a weapon of the nature of a Japanese lance would cause it. The same remark applies to the wound in the left arm. The other wounds of the arm also seem to have been inflicted while in the erect or sitting posture, and whilst the arm was raised in the act of defence. The wounds on the lower limbs appear to have been received whilst in a recumbent posture.

The substance of the statements made by the sentry Sweet may be given as elucidating his own case, and that of Corporal Crimp. He said a suspicious-looking Japanese approached him on all fours without a lantern. He challenged, and received the right parole; he was not, however, satisfied, and went briskly towards him. When within a short distance, the assassin sprang to his feet, and gave him a thrust in the neck with a lance. The Japanese guard, whose duty it was to assist, ran away, leaving the poor sentry in the dark. He tried to get at his revolver, but he was stunned, and his assailant appears to have got the mastery at once.

Corporal Crimp, as already stated, was going his rounds at the time of the attack, and about to visit Sweet. The assassin, after having left Sweet for dead, went to meet Corporal Crimp, and having done so an encounter instantly took place, during which Sweet managed to gain the interior of the building.

H.B.M. Legation, Yeddo, Japan, July 7th, 1862.

ON A

CASE OF URÆMIA SIMULATING OPIUM POISONING.

By J. DANIEL MOORE, M.D.

DR. RICHARDSON, in a paper read before the Medical Society of London, and reported in THE LANCET of Nov. 17th, 1860, has drawn attention to the analogies which exist between uræmic poisoning and poisoning by certain narcotics, as opium and belladonna. He notices in these cases that the pupil was fixed and generally dilated, although in some exceptional instances it was much contracted. The following case of this kind occurred in my practice some months since:—

Mary Ann B—, a debilitated subject, about thirty-eight years of age, had been suffering for some months from disease of the kidneys. I was sent for one evening, when she complained of pain at the lower part of the abdomen and in the renal region, with coldness of the body and extremities. She had not passed any urine for about fourteen hours, and then only about an ounce and a half; but previous to that time the urine had been passed more freely than for many weeks past. The bowels were costive. She was perfectly sensible, and readily replied to questions put to her. The catheter was passed, but no urine flowed.

The next morning I saw her in consultation with Dr. Holdsworth, when she was in a semi-comatose condition, capable of being roused, and putting out her tongue when requested to do so, but could not answer any questions. The pulse was quick and small, and the breathing attended with slight stertor. The bowels had been freely moved by an aperient, but no urine had been passed, nor was any in the bladder. The pupils were intensely contracted, and insensible to light. On inquiring if she had taken any opium, I found that with the exception of five or six drops of laudanum which had been given her three days before she had not had any. She continued in much the same condition until her death, which occurred about thirty hours after the first symptoms of narcotism had presented themselves.

In this case the symptoms so closely resembled those of opium

poisoning, that the strictest inquiry was made, but it was found that with the exception before alluded to, she had not taken any narcotic. Is it not possible that the condition of the pupil during the period of narcotism may have been determined by the action of the small dose of opium the patient had taken predisposing to contraction rather than to dilatation of the pupil? Considering the close analogy between the symptoms of uræmic and opium poisoning, I cannot but think, as Dr. Richardson observes, that in some cases where death is supposed to have occurred from the administration of small doses of opium, it might, with greater probability, have been attributed to uræmic poisoning; and this I consider a point well deserving the consideration of medical jurists.

Wakefield, Sept. 1862.

INTERMITTENT TETANUS DURING PREGNANCY.

By TREVOR MORRIS, JUN., M.D.

MRS. S—, aged twenty-two, in her second pregnancy, was placed under my care for her confinement, which she expected to take place in July. I saw her early in April, when she was tolerably well. She had had some little time before what she calls "dead ague." There is a previous history of her having had, at the age of fourteen, fits brought on by excessive fright, and during which she had bitten her tongue.

On April 19th, at seven P.M., I was hurriedly sent for to see her. I found her on the floor; the limbs and trunk in a state of rigid spasm; frothing at the mouth; jaw locked; fingers firmly clenched on the palm; body curved forwards, &c. In this state of emprosthotonos she remained about half an hour, when the spasm yielded, but only to assume after a few minutes the form of opisthotonos, which was most perfect, and which lasted for half or three-quarters of an hour, when she gradually recovered, with merely an occasional sob. On questioning her, I found that the first indication of the approaching seizure was a numbness in her legs, which felt as if they would not support her, obliging her to sit or lie down; and on subsequent occasions she would exclaim, "My legs are going!" From the moment of attack to its termination all consciousness was lost; severe congestive pain of the head followed, and which lasted some time. She had had previous threatenings on two or three consecutive days, and always at the same hour. As I found her bowels were constipated, I ordered her ten grains of calomel at night, and a warm aperient draught for the following morning, which brought away some scybala at the first action. She was to take six grains of quinine half an hour before the expected time of attack, or earlier should symptoms demand it. Being over-anxious to avert it, she took the draught before symptoms actually connected with the approaching attack appeared. It was, however, much modified, as was also the consequent congestive headache. As her tongue was coated, I ordered her dilute nitric acid with nitric ether and tincture of orange-peel, and she was again to take the draught in the evening as usual, which this time prevented a recurrence. She now took two grains of quinine three times a day. She had one or two other attacks from neglecting precaution, but by a little attention from time to time future ones were averted. She went her full time, and was delivered of a living child on July 15th.

Such cases as these must be rare, as this is the first that I have seen or heard of during a residence of five years in a malarious district. There are in this case traces of hysteria and epilepsy combined, as evidenced by previous history; perfect unconsciousness during the attack; no remembrance of it; sobbing at its conclusion, though ending neither in sleep nor crying. In each attack the form of emprosthotonos was that first assumed, then that of opisthotonos. The patient made a good recovery, is now well, and certainly anything but an hysterical subject.

Sittingbourne, Sept. 1862.

QUEEN'S HOSPITAL, BIRMINGHAM.—Amputation at the hip-joint was performed by Mr. Sampson Gamgee at the above hospital on the 11th inst. The thigh measured four feet in circumference, and after removal the limb weighed 99 lbs.,—the increase being chiefly due to an enormous enchondroma of the femur. The patient is progressing most favourably.