causing deafness, and tissue-changes accompanying them, evolve themselves from a common cause; that the gravity of the various abnormal tissue-changes is determined solely by some of the many predisposing constitutional tendencies which the general organism may inherit or acquire anew; that the possibilities of such abnormal tissue-changes, in degree of gravity, are beyond calculation, so soon as the normal tympanic tension is altered or disturbed, from whatsoever cause, I would recommend that no one who is deaf should be accepted as a first-class life; but the amount of loading ought to be determined by the risks to which his life is exposed by the defective hearing, as compared with that position were he free from all deafness. If there were, in addition, a syphilitic diathesis, or a well-marked catarrhal constitution, under no circumstances would I recommend such an individual to be accepted. In such a case, time and other influences may bring to issue such results, in the tissues of the ears, as are hardly realisable by general practitioners.

In answer to the second question, there is less difficulty in giving a reply; indeed, most assurance offices in this country are following the example of those in America and on the Continent of Europe, which refuse, under any conditions, to accept the proposals of those who suffer from otorrhœa. My own opinion on this point is, that this mode of procedure is too absolute; for there are many cases of ear-disease, with lesion of tissue, in which there are reasonable grounds for saying that, inasmuch as the ear-discharge is simply an excessive secretion from the hypertrophied tissues, or at all events not the result of an ulcerative process, either of those or the underlying bone, it may in a healthy constitution not only not increase, but spontaneously and permanently arrest itself; therefore, such cases should be accepted, with the addition of a small "loading" to the ordinary premium.

Finally, I would urge upon Assurance Companies that the state of the organ of hearing be specially considered in all life-assurance transactions; and especially that the exact pathological condition of the tissues, in a given case of ear-discharge, should be had regard to by their examining medical officers, before recommending the life for acceptance; otherwise time, or, it may be, greater care and better knowledge on the part of a future examiner, may show that this recommendation was to some extent unreliable.

PROTRACTED SUSPENSION OF THE MORAL AND INTELLECTUAL CONSCIOUSNESS IN EPILEPSY.

By EDMUND HOLLAND, M.D., M.R.C.P., F.R.C.S.,
Assistant-Physician to the Hospital for Women, etc.

THE reprieve of Treadaway rankles in the depths of many lay and professional minds, and heavy indeed was the responsibility of those gentlemen whose evidence averted his death on the gallows. The duration of unconsciousness after an attack of epilepsy is very variable, and, in some few cases, exceptionally protracted; and not only so, but during this period the automatic motility may be above par in force, and exerted with the appearance of rational volition. In corroboration of these views, I have briefly to relate the circumstances of a case recently imposed upon my consideration. Mrs. B., a widow aged 32, multipara, dull and lethargic in habit, and a member of a somewhat peculiar family, had epilepsy in childhood; had drunk freely of gin in married life, and to more decided excess in her widowhood. She came on a visit to her friends at 4 P.M., bearing the appearances of her ordinary health, and, whilst taking a glass of ale, fell down in an epileptic paroxysm, which was only partially exhausted when I arrived. After the fit, there was a brief restoration of consciousness to such a degree as to allow her expressing some contrition for her depraved habits; but she soon lapsed into somnolency, and slept somewhat restlessly about eight hours. Upon awakening from this sleep, the intellectual and moral faculties were suspended; her face pale, expressionless, and calm; her eyes rather widely opened, her pupils very sluggish, and the left one contracted; she did nothing she was told to do; shocked all propriety and decency; refused all food, drink, and medicine; but, with the air of a somnambulist, she quietly glided about the house until thwarted, obstructed, or taken hold of, when her force became excessive, quasi-convulsive, and her bearing so threatening as to alarm all around her; it was obvious that any show of provocation or persistent resistance would impel her to acts of extreme violence. She remained in this condition for thirty hours before she recognised her friends or accepted food, and then complained of severe headache, which was eventually relieved by sleep, conciliated by chloral and bromide of potassium, leaving her much in her usual health, but utterly unconscious of the seizure, or of its subsequent automatic phenomena.

Commentary.—The medico-legal teachings of this case are of considerable importance, and may aid in the solution of the want of motive frequently mystifying the elucidation of great crimes. The protracted unconsciousness, associated with the capacity of exerting exaggerated muscular force, the easily induced rage, and the ability to see and to hear, rendered her an extremely dangerous animal machine, to which suicide might readily have accrued as an accident, and by which homicide was clearly possible under irresponsible cerebration, when any obstruction to its automatic progression supervened.

PECULIAR WOUND BY A KNIFE CAUSING SPEEDY DEATH.

By CHARLES E. HOAR, M.B.Lond., Physician to the
West Kent General Hospital, Maidstone.

ON January 9th, 1877, about 4.30 P.M., Mr. Guy was sitting at dinner opposite his wife at a table three feet square, when, in a moment of passion, Mrs. Guy stood up with a carving-knife (the blade of which was eight inches in length, and sharp, through wear, at each edge), and threw it at him. It entered the left side of his neck: he snatched it out at once, got up from the table, and walked up stairs, bleeding freely, sat on the edge of his bed, and died within thirty minutes after receiving the wound.

When seen, half an hour later, his face was pale; the pupils were widely dilated; his tongue was pressed forward between the teeth; bloody froth was in and exuded from the mouth and nostrils. A small wound was visible on the left side of the neck, from which dark blood was oozing.

Post Mortem Examination Twenty-one Hours after Death.—There was slight rigor mortis. The body was well nourished and of healthy appearance. There was a punctured oblique wound, three-quarters of an inch in length, in the skin of the left side of the front of the neck, anterior to the sterno-mastoid muscle, three inches (in an extended position) above the sternal end of the clavicle. On removing the skin, the left anterior jugular vein was found to be perforated vertically, and empty of blood; the left sterno-hyoid muscle was cut through diagonally. There was extravasation of blood in and around this muscle. The left sterno-thyroid muscle was cut through; the first and second cartilages of the trachea on the left side of the front were obliquely cut through, and the lower part of the second cartilage was also perforated towards the back on the right side. Some small deep veins at the base of the neck on the right side were wounded; and there was considerable extravasation of blood directly connected with the posterior aperture in the trachea. The wound penetrated between the bodies of the vertebrae and the inner side of the anterior part of the first rib (nearly wounding the right pleura) to a distance of five inches (in an extended position) from the skin. The thyroid gland was large, but uninjured. The carotid artery and internal jugular vein of each side were also uninjured. The bronchi were full of dark blood. On opening the chest, the lungs did not collapse: they were pale in front, but distended with frothy blood and air. The large veins of the chest and right cavities of the heart were full of dark fluid blood. The left cavities of the heart were empty, and ventricle firmly contracted. The stomach contained dark matter.

The case is interesting in many points. The cause of death was undoubtedly suffocation, in consequence of the blood flowing into the trachea, principally through the posterior aperture, and filling the bronchial tubes. Whether syncope from loss of blood accelerated the decease or not, it is hardly necessary to inquire, as the suffocation must have soon occurred. It is said that he spoke a few words after he went up stairs. The very small external wound, the depth which the knife penetrated, the transfixion of the trachea, and the immunity from injury of the carotid arteries and internal jugular veins, were peculiar features of this case.

It is attested by a witness sitting at the dinner-table at the time of the event, that the handle of the knife left the hand of Mrs. Guy before it entered the neck of her husband. The knife, being two-edged, resembled a short dagger, which accounts for the severity of the wound.

The Bill indicting Charlotte Guy for the murder of her husband was thrown out by the Grand Jury at the recent Assizes. She pleaded "Guilty" to the charge of manslaughter, and was sentenced by Sir Wm. Balfour Brett to ten years' penal servitude.

JAMES FREDERICK WHITE, herbalist, member of the Leeds Town Council, and an ex-member of the Board of Guardians, was, on the 8th instant, fined twenty shillings for refusing to have his children vaccinated.