

of the number of blows inflicted on the abdomen of the deceased, as a cause of peritoneal inflammation, probably on the principle that the greater includes the lesser, the intestine being lacerated, and feculent matter effused into the abdominal cavity; since "blows on the abdomen, where they do not destroy life by shock, may cause death by inducing peritoneal inflammation." Several cases of this kind are mentioned by Mr. Watson, (on Homicide, p. 186), and more than one has been tried of late years where violence to the abdomen was proved, but no mechanical lesion had been produced; the wounded person, however, died from peritonitis in the course of a few days.

I will now cite one or two authorities in support of the medical testimony as given above, and will conclude this paper with a case of intestinal injury, with penetration both of the abdominal parietes and intestine, that occurred in my own practice, and terminated favourably.

Travers, who is still one of the highest medical authorities on such subjects, says, most truly, † "where the integrity of the abdominal parietes is preserved, it is remarkable that effusion more generally follows. These are ruptures of the bowel produced by falls or blows upon the belly, where the integuments are even unabraded." Orfila entertains similar views, and says, ‡ "Nous distinguons, comme pour les lésions de la poitrine, les blessures pénétrantes du bas-ventre de celles qui ne le sont pas, tout en admettant que la pénétration n'ajoute rien au danger que court le blessé;" and he continues, § "L'épanchement des matières contenues dans l'estomac et dans les intestins suppose le plus ordinairement que la lésion de ces viscères a une certaine étendue; car, si elle étoit légère, les matières trouveraient moins d'obstacles à parcourir l'intérieur du canal digestif, qu'à franchir l'ouverture qui aurait pu être faite à ses parois; lorsqu'il a eu lieu, le blessé ne tarde pas à succomber après avoir éprouvé les accidens les plus fâcheux."

Dr. Fremont's opinion that, "the whole of the feculent effusion was deposited in the abdominal cavity during life," is confirmed by Travers who says, || "It appears that effusion is not an ordinary consequence of penetrating wounds, that the same opposition to effusion exists after death as before it, and consequently that such opposition must depend on pressure, not on active resistance. If the gut be full, and the wound extensive, the surrounding pressure is overcome by the natural action of

\*Taylor's Medical Jurisprudence, 2nd American Edition, 1850, page 310.

†An Enquiry into the Process of Nature in Repairing Injuries of the Intestines, &c., by Benjamin Travers, London, 1812, 8vo, p. 36.

‡Traité de Médecine Légale, par M. Orfila, Paris, vol. 2, page 582.

§idem, p. 594.

||Travers, ut supra, p. 25.