

passing the finger through the aperture, it was found to lead into the cavity of the large clot, which had at first attracted notice. No blood could be discovered in the intestinal canal. The coats of the duodenum were not softened, and gave out no perceptible odour. Along the transverse portion of the gut blood had evidently been extravasated, between the mucous and peritoneal coats.

The chief point of interest in the case is the lapse
Commentary. of time which intervened between the receipt of the injury and the occurrence of the more serious symptoms. It is difficult to believe that so severe an injury as rupture of any portion of the intestinal canal should for so many hours be unattended by symptoms likely to attract the attention of watchful relatives. But here we have an injury quite capable of producing the lesion in question, received on Monday; the boy able to come up to Edinburgh the same day, during this journey undergoing a great deal of fatigue, and for two and a half days making no noticeable complaint. It is probable that an explanation may be found in the peculiar site of the rupture. The resisting surface of the small clot, which protruded through the rent into the cavity of the intestine, appeared to be formed by a delicate transparent layer of cellular tissue, and it is possible that during the prolonged insensibility that followed the receipt of the accident, hæmorrhage took place into the lax cellular tissue in the immediate neighbourhood of the duodenum. A plug was thus formed, and any extravasation of fluids or digested matters, completely prevented. The peristaltic action of the intestinal canal, however, became seriously interfered with; no food was taken for five days previous to death, and during the same period the bowels never moved, the boy dying by asthenia—the result of the nature of the lesion and of the lack of nourishment.

IV.—*Case of Labour complicated with Emphysema.* By ROBERT TOD, Surgeon, Edinburgh.

History. On the 9th of April 1851, I was sent for about 7 P.M. to attend Mrs W., æt. 25, in labour with her first child. Upon making an examination during the pains, I found the os thin and dilated to the size of a shilling. The labour was slow and tedious—the child's face being towards the pubis. About 4 A.M., during a severe expulsive pain, when the child's head was distending the perineum, the patient suddenly exclaimed that she could not see. On examining the face, neck, and anterior part of the thorax, I found that they were completely emphysematous. Dreading the return of another pain to increase the lesion, the head, by this time, being near the outlet, I applied the forceps and delivered the child, which was a healthy female.

Though the appearance of the emphysema alarmed the
Symptoms and Result. friends very much, the patient herself stated that all she felt at the time of its occurrence was a slight difficulty in breathing; and the swelling having closed her eyes, she was necessarily rendered suddenly blind, but in reality there was no danger, as, in the course

of eight days, all traces of the emphysema had completely disappeared under the use of gentle laxatives. In some works on midwifery it is stated to occur only after labour, but in the present instance such was not the case.

The patient completely recovered, and I have since attended her, when she felt not the slightest inconvenience.

Part Second.

REVIEWS.

Medical Testimony and Evidence in Cases of Lunacy; being Three Croonian Lectures delivered before the Royal College of Physicians in 1853; with an Essay on the Conditions of Mental Soundness. By THOMAS MAYO, M.D., F.R.S., Fellow of the Royal College of Physicians, late Fellow of Oriel College, Oxford. London, 1854.

THE little volume which Dr Mayo has here given to the public, in the shape of Three Lectures, delivered before the Royal College of Surgeons, London, we regard as a seasonable and important contribution to our medical literature. Everything relating to insanity is still, as Dr M. says truly enough, but not, we think, very happily, in an "inchoate state," and these lectures relate only to one of its aspects. We have no intention to go beyond the limits which the author has prescribed to himself, or to enter into any general discussion of the disease. Subsequent opportunities may occur, which will enable us to do so more satisfactorily than we could at present. And we notice the book just now, not more to bring before our readers certain views which the author has adopted, and which he maintains with great ability, than to show our interest in a subject that has lately attracted a considerable share of attention, and the progress of which it becomes all, who seek to influence public opinion, carefully to note. And, if our remarks should seem brief and hurried, it must be ascribed to the late period at which the book came into our hands, joined to our anxiety not to let slip an opportunity of at least presenting the subject to the consideration of our readers.

The embarrassment which a medical man often feels, while giving evidence regarding a case of lunacy, proceeds partly, no doubt, from difficulties inseparable from such cases, but partly also from the different points of view from which the legal and the medical profession are accustomed to contemplate the same object. The physician groups and arranges certain phenomena so as to be able to trace them to their cause and to adjust his remedial measures.