

and place them likewise side by side with the appearances discovered after death, as laid down by the best Pathologists of the age, as denoting the existence of previous inflammation of the peritoneum :

21st, 9 A.M. Examined the body externally with Dr. Holmes. Features sunken, with all the evidence of having laboured under protracted collapse. Abdomen rather full, left lumbar region considerably swollen; brown and livid; from the wound there, bubbles of air were constantly escaping, accompanied by a continued oozing of bloody serum.

22d, 1 P.M. The body was examined by Dr. Beaubien; Drs. Holmes, Tavernier, my son and myself present.

The lumbar region as yesterday, but more livid, and there were several vesications in the vicinity of the wound, from which a quantity of bloody sanies has continued to escape; the cuticle came off when touched, leaving the dermoid texture of a dark brown colour. The anterior wound penetrated about $3\frac{1}{2}$ inches in the direction of the posterior wound; the instrument had divided all the muscles except a few fibres of the transversalis, in contact with the peritoneum; the parts were soft and injected, a bloody matter in the course of the wound, which on pressure was easily made to exude. The posterior wound was less deep, had a more perpendicular direction, and did not come so near the peritoneum. The whole vicinity was in a state of decomposition, soft, disorganized, puffy, and distended with bloody matter and serum.

Immediately under the point where the bayonet rested, the peritoneum was ecchymosed about the size of the pulp of the finger; the whole membrane was opaque, of a dull reddish colour; vessels highly injected, even the most minute were evident and turgid; the marks of congestion and vascularity were more manifest on the left portion; where it was reflected over the pelvis, the vessels were more distinct and engorged; about two-thirds of the lower part of the omentum was of a high rose colour and most beautifully injected. The spleen adhered firmly to the left side; the result of former inflammation. Sto-

The celebrated Scoutetten says—"Inflammation of an internal membrane will, in every case, leave marks of increased redness after death."

"When the inflammation is fully established, the surface of the peritoneum is dry and shining; as the inflammation advances, the blood-vessels become evident and numerous."

"In some cases of peritoneal inflammation the secretion of this membrane is suspended and it becomes dry."

"Redness and thickening may be considered as the first effect of peritoneal inflammations."—*Cyclo. Pract. Med.* v. 3., p. 302, *et seq.*

"En general les traces d'inflammation sont d'autant plus marquées que la maladie était plus avancée, et plus intense. Quelquefois une injection extrêmement fine et abondante s'est offerte à l'examen." "Bayle, Broussais, et autres ont vu à la suite de la peritonite aiguë, la rougeur, l'épaississement de la membrane séreuse et des escarres." "Le défaut d'exudation n'a lieu que dans les premières périodes de l'inflammation, ou les membranes sereuses sont chargées de sang qui empêche la sérosité de suinter de leur surface libre." "Si l'inflammation est intense, le sang arrive avec plus d'abondance dans les vaisseaux exhalans et alors l'exhalation est moindre."—*Dict. Scien. Med.*, v. 40, p. 507, *et seq.*

"Les membranes sereuses, ordinairement si blanches et si ténues, deviennent, dans l'état phlegmasique, épaissies, injectées de sang, d'un rouge plus ou moins foncé."

"Les surfaces sereuses inflammées ne sont presque susceptibles d'aucun gonflement dans les premiers jours de la maladie; elles sont alors sèches, et aucune exhalation ne s'y effectue."—*Ibid.* v. 41, p. 431.

"Ecchymosis not unfrequently takes place when the inflammatory action is very violent."—*Macintosh*, v. 1, p. 22.

"Sometimes the membrane seems as if it were very minutely injected."—*Good*, v. 1, p. 505.