

the soft, glossy, and transparent state of the peritoneum—the transparency of the omentum—the want of exudation of lymph on the surface of the peritoneum, which would have rendered it opaque,—the want of adhesions between the different parts—the want of any liquid effusion—and the want of that degree of vascularity and injection which I should expect to see accompanying the other marks of inflammation.

There are a few particulars still to be noticed regarding these appearances :—

1st. Dr. N. says, “Immediately under the point where the bayonet rested, the peritoneum was ecchymosed about the size of the pulp of the finger.” Was it surprising a little ecchymosis should be produced at this point? But what had it to do with the peritoneum? Amounting to little more than a mere stain, it simply lay in contact with the outer surface of the peritoneum. the membrane over it was not changed, but equally glossy as other portions; and the fact of the slight ecchymosis being seen through the membrane, proves that the latter had not become opaque.

2dly. In reference to the omentum, the anterior layer of this viscus was so transparent, except where occupied by fat, that the bag or cavity formed by its layers in passing off from the stomach, was seen so clearly as to have led me to express regret that students were not present to see it, (it being a portion of anatomy not always well understood.)

3dly.—The spleen exhibited no appearance of recent inflammation: it was bound down to the side by bands which, it may be recollected, I examined with care, and they were admitted to be old. Now if the peritonitis arose from the external injury, should we not have expected to find it chiefly developed in the neighbourhood of the part affected,—yet we find the spleen situated immediately inside of the bruised part, and not only so, but morbidly connected with it, and probably, (in consequence of former inflammation,) more disposed than natural to take on disease, exhibiting no mark of inflammation on its peritoneal coat.

4thly. The stomach showed marks of congestion, &c., in its inner membrane—but what had that to do with the peritoneum? Its whole external surface was white, without any appearance of vascularity, except, perhaps, a few of the ordinary vessels; and supposing the apparent inflammation of the mucous coat could have been occasioned by the injury, where should we expect to find it? Would it not be at the point nearest to that which had been injured? Would it not have been the great curvature which lies in contact with the spleen and the injured external parts? Yet instead of that, the part of the