

tend that my own observations are as full as I should like. Nevertheless, in 150 consecutive autopsies, in which the abdomen was examined, I possess brief notes upon the more obvious conditions observed, and now, reviewing my notes, I am surprised to find how very common are these attachments, and am impressed at the evidence afforded of the rapidity with which the omentum appears to apply itself to an inflamed area, becoming sympathetically the seat of inflammation, becoming adherent by plastic, and later by fibroid adhesions. Few, I fancy, realize the rapidity of the process. So delicate are the fine vessels, so small is the layer separating them from the peritoneal cavity, that they readily respond to any irritant. Probably, as Durham's observations would seem to show, the rapidity of the adhesive process is further and largely associated with the remarkable adhesiveness of leucocytes to the omentum in cases

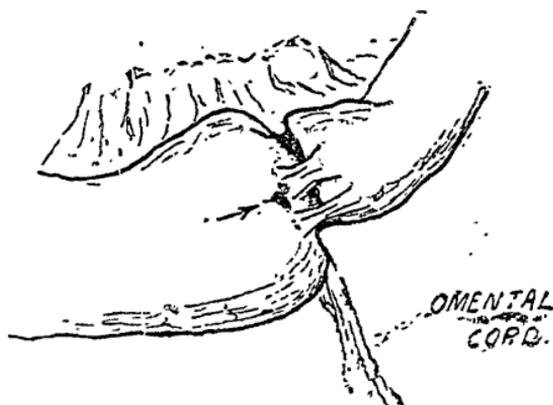


Fig. 2.

of inflammation, and the local accumulation of leucocytes upon the omental surface is the immediate precursor of the fibrinous cementing together of inflamed organ and overlying membrane.

The autopsies referred to were upon the subjects in the post-mortem theatre at the Royal Victoria Hospital—a general hospital, open to all cases of disease save the acute exanthemata, at all ages.<sup>9</sup>

*Adhesions to the Abdominal Walls.*—As might be expected, there were several (8) instances of generalized adhesions, either plastic and acute, or fibroid and chronic, in cases of recent or old generalized peritonitis, and several of localized adhesions along the sites of operation-wounds. Many of these will be referred to later; six were either in the middle line below the umbilicus or in the right inguinal region (for appendicitis), where the adhesion was in the right flank

<sup>9</sup> The pathological diagnoses of these cases are to be found in detail in the annual reports of the Hospital for the years 1894 and 1895.