

acted twice with ease and freedom from pain; no blood in the evacuations; urine voided naturally as to time and quantity; no prescription.

Feb. 14, 5 A. M. I was hastily called up as the boy was said to be dying, a fact which proved true, as he was dead before I reached the house. The parents informed me that he had gone to bed the evening previous, to all appearances, feeling quite well, and had slept in the same bed with a younger brother. On waking at five o'clock the father found his child expiring. Here was, certainly, a very unlooked for termination of the case, and I was then, as I am now, entirely ignorant of the immediate cause of death. The parents would not allow of an examination, and therefore I am left to conjectures.

*Remarks.*—The case was too sudden to be one of Peritonitis, and it could not have existed as none of the evident symptoms of this affection were present:—no tenderness of abdomen, no sense of heat or burning: no hardness, tension or elasticity of the abdominal parietes: no tumefaction, and, after death, no tympanitis; no nausea nor vomiting; no constipation, nor suppressed secretion of urine. It would be useless to dilate further on this conjecture.

There could have been no wound or rupture of the pelvic vessels as there had been no external hemorrhage; and presuming upon the *possibility* of a diffused or false aneurism, the filling up of the sac and consequent distension of the pelvic cellular tissue would have caused a feeling of weight and uneasiness in the part, and would have mechanically obstructed the action of the rectum as also that of the bladder, which was not the case; again, there would have been a gradual, if not sudden, failing of the powers of the circulation with its accompaniments, such as debility, pallor, languor, delirium, &c., proportionate to the amount of blood drawn from the circulation and poured into the sac. Such, however, was not the case, as the action of the heart was extraordinarily natural, considering the age of the patient and the general excitement surrounding him. Thus the second conjecture is equally as untenable as the first.

Lastly, could death have resulted from *nervous shock*? but here again how could this be? There had not been the slightest approach to depression of the vital powers, no rapid, indistinct, fluttering pulse; respiration was natural, and no coldness of the surface nor shrinking of the features; in one word, none of the many symptoms which are linked to form the chain of evidence of nervous shock were present. What then could have been the cause of death? I leave the question to be determined by the readers of the *British American Journal*, while I pass on to

*Case No. 2.—Impalement upon a pitch-fork handle; severe laceration; inflammation; cure.*

On the 7th September, 1857, I was requested to meet my friend Dr. Fulton, of Beckmantown, in consultation on a man named Patrick Ryan. The person was a stout, able-bodied farmer, who on the day previous, after completing the loading of a waggon with hay, threw the fork against the load, and sliding down met the handle half way, which passed up the rectum a distance of some five inches, when pitching forwards, he managed to pull out the handle, and made his way to the house, suffering great pain and bleeding profusely. Dr.