

The two last quotations in the list I have not been able to find, though I looked over with some care the articles Inflammation and Peritonitis in the Cyclopædia—the pages referred to (270, vol. 2, et seq.) contain yellow fever.

Following these come extracts from Dewees and Macintosh, the intention of which it is not easy to perceive, except it be to induce the belief of there being considerable obscurity in these cases, and therefore the probability of my partaking of the ignorance of these great men. But though it may be difficult to know the reason of the quotations, it requires no great acuteness to divine why the passage in one of these authors should have been cut in two, and only the half exhibited, seeing that the other half, in explaining the ignorance of Cullen and Gregory, points out the existence and the cause of the very thing which it is my purpose to establish, viz. effusion as the result of peritoneal inflammation.

The pathology of peritonitis was not understood till lately. Cullen was ignorant of it, and so was Gregory, I believe to the latest period of his life.—*Macintosh*, v. 1, p. 270.

The pathology of peritonitis was not understood till lately: Cullen was ignorant of it, and so was Dr. Gregory, I believe to the latest period of his life. *Many people of the present day cannot fancy how it comes to pass that there is so much effusion with so little vascularity; but there is now no doubt that the effusion is produced by inflammation of the peritoneum itself.*—*Macintosh*, v. 1, p. 212, *Ed. Ed.*

Having now cleared the way for the consideration of the subject, I shall proceed to examine the correctness of Dr. N.'s position. He has rightly stated that "the medical gentleman to whom he was compelled to allude," did "rest his conviction that there was no inflammation, on the absence of effusion, coagulable lymph; also, on the absence of any new adhesions." This, then, is the point on which we join issue; for Dr. N. adds, "forgetting that those are the products of slow or sub-acute inflammatory action, and when present, prove that it had been protracted and passed through some of its phases."

It would be useless to adduce personal observations, as they might be met by personal observations of a different character. I shall then rest the conclusion on authorities of books, certainly not written (to use Dr. N.'s words) expressly to bear me out in this case.

In treating this subject it will be necessary to prove, first, that effusion of serum or lymph, and the existence of adhesions, are always to be looked for in acute peritonitis; and, secondly, that