

tainty, that the remaining portion of this paper will be devoted.

The Rev. Mr. S. was taken ill on Friday afternoon, and died on Monday at 2 A.M.* The symptoms detailed show, that, till Sunday morning, the disease was confined to the appendix: there was not the slightest tenderness except at this one point. "At 9 A.M.," Dr. N. says, "we found a striking alteration, * * abdomen becoming tense; pain more diffused." At 1 P.M. "pain had shot all over the abdomen." Again, "It is worthy of remark, that so long as the pain was confined to the region over the appendix vermiformis, the pulse, skin, and general aspect, were those of inflammation of a mucous surface; but as soon as the pain spread at once all over the abdomen, then the symptoms characteristic of inflammation in the serous tissue, or peritonitis, became very striking."

It is admitted, then, that peritonitis commenced about 9 o'clock Sunday morning, and the patient died next morning at 2 A.M. Seventeen or eighteen hours intervened between the supervention of the peritonitis and the decease of the patient.

Now, if we find that in this very rapid case there were produced adhesions, or effusions, it must entirely overturn the opinion so confidently enunciated, that "when present, they prove that it had been protracted, and passed through some of its phases;" and as entirely confirm the opinion which I was compelled to adopt by the inspection of Champeau's body.

What were the appearances?

Dr. Crawford says, "On laying open the abdominal parietes, the peritoneal coat of the intestines, generally, was of a bright rose colour; and was in many parts covered by an exudation of coagulable lymph, particularly where the bowel doubled on itself; these knuckles were in consequence slightly adherent together: a few ounces of turbid serum commixed with lymph were found in the peritoneal cavity."

Feeling it impossible to increase the conviction that must arise in the mind as to "what are the post mortem appearances in peritonitis?" I shall conclude by quoting one of the most recent and excellent French authors, who broadly asserts that "THIS SECRETION (viz., lymph) IS THE VERITABLE ANATOMICAL CHARACTER OF PERITONITIS."

I thus translate the words of Grisolle, whose work was published in 1844:—

"It has been said that when patients die at a period very near the commencement, as 12 or 24 hours, the

peritoneum was found only injected, red, dry to the touch, and glistening. If, however, in these cases, we examine with much attention, there will be always found on some points an extremely thin coat of an albuminous matter, semi-concrete, which causes the convolutions of the intestines to adhere together. This secretion is the true anatomical character of peritonitis."

Montreal, February 22, 1847.

OBSERVATIONS ON THE CURABILITY OF OPACITIES OF THE CORNEA.

By HENRY HOWARD, M.D., M.R.C.S.L.

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It will readily be allowed that our information on the therapeutics of the eye, is still in its infancy, and consequently that there is wide scope for investigation under this head. My attention was forcibly arrested by an article quoted from a Dublin Journal, which appeared in the June number of the *British American Journal of Medical and Physical Science*, headed "Prussic acid in ophthalmic diseases."

Opacities of the Cornea and their removal, have engaged my attention for a considerable period; and I have for some time kept a record of such cases, with the results, as have been treated by myself. Dr. Jacob's name must ever secure respectful attention with deference to any of his promulgated opinions; yet, if we always deferred to authority, where would be the boasted progress of the nineteenth century. Ought we blindly to bow to authority, and not seek to extend the bounds of knowledge?

Before proceeding further, I would beg to state that I highly appreciate the honour and opportunity I enjoyed of acquiring the ophthalmic art under Dr. Jacob's tuition, and that I now feel grateful to him for the instruction imparted; and although the statements which follow directly impugn his assertion, I appeal only to facts, at the same time sensible that without his previous advances this point could not have been attained, viz.: the curability of opacities of the cornea.

Dr. Jacob, after alluding to the cases of opacity of the cornea, stated by Dr. Bigger to have been cured by prussic acid vapour, concludes by saying, "That the cures might be only apparent, and might perhaps with more justice be referred to the natural salutary processes of the animal economy, which in the course of time succeed to the formation of those opacities, whether it be the mere subsidence of inflammatory action, or the agency of the absorbents; but for my part, the conviction on my mind, for many years, has

* In the account given in the last Number, p. 31, it is erroneously put for A.M. See *La Lancette Canadienne*, where the case is also given.