we may suppose that impaction of the solid substance first took place, which, proving a source of irritation, led to a very partial and subacute inflammation, terminating in ulceration and perforation; and that, when the latter occurred, it was immediately followed by general collapse, but with intense local action. I am quite at a loss, however, to account for the total absence of pain while the parts were thus violently affected. If, as I am disposed to believe, the inflammation in the neighbouring parts was owing to the escape of matters from the intestinal canal, they must have been gaseous, as no fœcal matter could be discovered, and the concretion, though it did not distend, yet filled the caliber of the tube.

We have, exhibited in this case, one of those strange anomalies which pathology sometimes presents, and which we are obliged to leave undeveloped. It is one of the most striking instances of *latency*, in an affection commonly denoted by unequivocal symptoms, that I recollect to have heard of. It is true, violent peritonitis, pleurisy, pneumonia, &c. (as shown post mortem), do occasionally occur without any of the usual symptoms; but such cases are almost invariably accompanied or preceded by cerebral affection, which, as pointed out by many pathological writers, entirely masks the rational signs of these affections. In the present case, however, that explanation cannot be given, as the intellectual faculties appeared to be retained unto the last.

I was subsequently informed, that, although the child appeared quite well for several days before his attack, and had been remarkably healthy, there had occurred, at two or three different times, during the previous fortnight, fits of violent crying, the cause of which could not be detected, and which (as he, after having been pacified, showed no sign of illness) were attributed to passion.

I shall now proceed to consider the important light which the case of Mr. S. throws on

The Post Mortem Appearances in Peritonitis.

When I allow myself to apply the term "*important*" to the elucidation of a subject, which I believe is not at all a matter of doubt among pathologists in general, I have reference almost entirely to its local influence in removing erroneous opinions, and establishing fixed principles: and in order to make myself understood, and in order also to show the points upon which I desire especially to fix the attention of medical practitioners in the province, it will be necessary that I recall some circumstances of a disagreeable nature which occurred nearly three years ago.

It is obvious, that it is of the greatest importance for medico-legal investigations, that the signs of any lesion should be accurately defined. Vague apprehensions as to the appearances to be expected, might lead to most disastrous consequences. In like manner, for prosecuting merely scientific investigations, accuracy is required, or error might be the result. Hence, in endeavouring to point out what are the sure signs upon which we can predicate the previous existence of peritonitis, I believe I am doing a service to the profession.

In April, 1844, during a riot which occurred, a man, named Champeau, received a bayonet wound in the abdomen, and subsequently, after some days' illness, died. An inquest was ordered, and I was requested by the Coroner to assist at the examination of the body; and was subsequently called upon to give evidence before the Court. Dr. Nelson, having been the man's medical attendant, was likewise examined. He declared that Champeau had laboured under intense peritonitis—an opinion from which I, being necessarily bound to form my judgment from what I saw, entirely dissented. This discrepancy of opinion led to a subsequent controversy in the *Medical Gazette*, in which Dr. N. endeavoured to show that what I stated to be the usual appearances after peritonitis, viz, adhesions, effusion of lymph, of serum, &c., did not occur till the disease had existed a considerable time, and, consequently, that I was not warranted in asserting that peritonitis had not preceded death. His words are: "The medical gentleman seemed to rest his conviction that there was no inflammation on the absence of effusion, coagulated lymph; also, because there were no new adhesions: 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 is only when the inflammation is less acute, that it provokes an increased action from the exhalents; that serum first, then coagulated lymph, and finally adhesions result;—this likewise takes place when the inflammation has been in part subdued, and assumes the chronic character; then, indeed, you have 'effusion' enough."—*Montreal Medical Gazette*, p. 169.

Having thus recalled enough of these bygone circumstances to make my subsequent remarks intelligible, I shall only add in reference to them, that I believe the opinion I had given was completely established by the proofs elicited in the discussion. Still, I have reason to think that there are many, (especially among those whose opportunities of post mortem examinations are not frequent), who are still uncertain as to what constitutes, in a dead subject, the evidences of a previous peritonitis. It is to the object of removing this uncer-