

and the results of that reaction in the shape of omental adhesions. I have hunted up all the literature at my disposal. Every one refers to these adhesions, but no one would seem to have thought it worth while to tabulate them or to record their frequency. I cannot pretend 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 by 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 leukocytes to the omentum in cases of inflammation, and the local accumulation of leukocytes 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 theater at the Royal Victoria Hospital—a general hospital, open to all cases of disease save the acute exanthemata, at all ages.⁹

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,

⁹ 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.