

being almost constantly present when any fluid was taken into the stomach, and the various means proving ineffectual, Dr. Hill, one of our oldest and most respected physicians, was called in for consultation. Purgatives of various descriptions were administered without any good effect. This afternoon signs of collapse appeared and emesis became more frequent; the ejecta consisting of tenacious yellow-looking matters, more or less liquid, and having a most decided stercoaceous odour. A few of the dejections after the liquid passed into the bowels, were slightly tinged with feculent material, but in no instance sufficient to warrant a favourable prognosis.

25th, 3 p. m. At this period the stage of collapse was most marked, general reduction of temperature over the entire surface of the body, head and face cool, eyes dull, heavy, and sunken; cheeks pale, tongue and mouth reduced in temperature, extremities cold, abdomen rather tympanitic, cardiac impulse and volume of arterial pulsations very much lessened, still a degree of pain upon pressure and considerable restlessness. At the suggestion of some friends Drs. Sewell and Garvey were also consulted and perfectly agreed as to the issue of the case. Morphine in repeated doses was administered, and in conjunction, the electrical current passed over the abdominal walls, but all to no effect beyond moderating the pains, which gradually lessened as he approached the period of dissolution, remaining conscious to the last, and recognising with fond and endearing looks, the little family which crowded around his death bed. Sectio cadaveri 15 hours after death.

General peritonitis, about two pints of seropurulent fluid within the peritoneal cavity. Injection of membrane not very distinctly visible, owing to the exudation with which it was associated. The mixture of puriform and fibrinous matter most manifest between the convolutions of the intestines. A few adhesions, wanting in firmness, were observed connecting the visceral and parietal layers of peritoneum. Cæcum considerably distended and of a dark colour, apparently tending towards gangrene. Appendix cæci perfectly gangrenous, having within its tube a small friable concretion, near its junction with the bowels a most decided perforation was visible, with soft diffluent edges, which readily gave way under the pressure of the fingers.

*Remarks.*—Of the various diseases which come under the observation of the medical practitioner, there are few more difficult of diagnosis than those which frequently interrupt (and obscurely so) the functions of some one or other of the abdominal viscera, that which was originally functional becoming subsequently the prime acting agent in establishing undoubted organic change. The elaborate paper of Dr. Howard on the "Appendix Vermiformis" (Medical Chronicle, vol. v.) contains much valuable information concerning this process or appendix as it may be termed. Of its function, if it possesses any, little is said by physiological writers. In the human organization nothing is superfluous even in its most varied and minute anatomical peculiarities. Inflammation, the result of impaction of any foreign material within this tube, has been observed to prove rapidly fatal, and the peculiar train of symptoms with which it is associated, tends to substantiate the idea, that whatever position as an acting or non-acting appendage it occupies, in many instances death has readily been induced by even the