

complained of; bowels not yet acted on; vomiting continuing. Croton oil was given every two hours, in half drop doses, and at four o'clock in the afternoon the bowels were once freely moved, with manifest relief to all the symptoms. This favorable change continued till midnight, when there was a recurrence of the former symptoms, but with increased severity. In the morning of the 4th I found my patient's pulse 120 and weak; his tongue was coated, and his features were becoming pinched. There was considerable abdominal tension, and constant vomiting.

A large blister was applied, and the calomel and opium given every two hours. From this period he sunk rapidly, and died about 3 P. M.

The *post-mortem* examination exposed an "intense and extensive peritonitis"; the appendix vermiformis swollen, dark, and perforated; and containing a concretion the size of a pea, and two others about the size of a grape-seed. The edges of the perforation were "soft and livid."

Two other instances of the disease, which occurred in this city, you will find related by the late Drs. Carter and Crawford,—that by the former in the *Montreal Medical Gazette*, June, 1844, (vol. 1, p. 72); that by the latter in the *British Am. Journal of Medical and Physical Science*, May, 1847, (p. 17). They are both of much interest; but Dr. Carter's case is remarkable, as affording a proof of the occasional (very seldom, it is true) spontaneous discharge through the abdominal walls of the products of the inflammation, excited by disease of the appendix vermiformis.

A close examination of the four cases I have related, and of others recorded, justifies the assertion, that inflammation and perforation of the Appendix Vermiformis may present the following clinical features during life:—

1st Group. Slight restlessness, apathy and feverishness; absence of pain and of all abdominal uneasiness, save a feeling of tenesmus; the sudden occurrence of collapse without tenderness, pain or tension of abdomen, or any of the usual symptoms of peritonitis; death occurring rapidly.

Dr. Holmes' case illustrates this group.

2nd Group. Mere general discomfort and uneasiness, or declining health; no symptoms of abdominal or intestinal derangement, until the sudden manifestation of the symptoms and signs of general peritonitis consequent on perforation of the appendix,—death ensuing in 24 hours, less or more.

Parkinson's case in *Medical Chir. Transactions*, vol. 3, page 57, illustrates this.