

On Thursday evening, I was sent for, in consequence of a sudden change in the symptoms, and on arriving found the child in a state of collapse—his face pale, skin cold, and pulse nearly extinct. The abdomen was free from swelling; there had been no vomiting; and I elicited no sign of uneasiness when I pressed upon it. He had been put into a warm bath before I arrived, and had appeared pleased for a few moments, by slapping the water in a playful manner, but soon let his head fall back as if exhausted. Ammonia and brandy were administered; but he sank rapidly and expired, apparently quite conscious, and uttering his mother's name."

At the examination of the cadaver, besides a limited peritonitis in the vicinity of the cœcum, a perforation of the Appendix Cæci, with soft diffuent edges, was found. The cavity of the appendix contained a small whitish friable concretion.

Dr. Campbell, our Professor of Surgery, has likewise placed on record the particulars of a case of perforation of the appendix:

On the evening of the 30th July, 1854, L. M., a healthy boy, 11 years old, "was, some hours after eating a hearty meal, attacked with pain in the bowels, vomiting and purging." Next morning, the purging had ceased, but the pain and vomiting continued. Calomel and rhubarb were prescribed in aperient doses every three hours, and a sinapism applied. In the afternoon the pain was referred principally to the right iliac region, which was slightly tender to the touch; in all other parts, pressure well borne. Pulse 84, soft; skin cool and moist. In addition to the powders, prussic acid was given; fomentations applied, and an enema administered.

1st August. Bowels moved freely this morning; pain and sickness much relieved. The retching returned in the evening, and, although slight pain was complained of in the abdomen, it was quite flat and soft, and the pulse only 90. Turpentine stuping was repeated, and a good dose of calomel and opium given.

On the 2nd the symptoms suffered "no material change"; there was, however, "slight tympanitis; the desire to evacuate the bowels was frequent, and the attempts to do so ineffectual"; pulse 100, without hardness. The calomel and opium were continued every four hours; enemas repeated, and a poultice laid on the abdomen.

3rd. Passed a restless night, considerable jactitation, pulse becoming more rapid, tongue furred, tenderness extending over abdomen; no especial fulness to be discovered on the right side, where pain was first