

This has also long since been admitted by stethoscopists; but is the diagnosis imperfect?—by no means.

33. Physical examination does not enable us to distinguish congenital malformation from disease of the heart or large vessels.

Physical examination fails here, and so do general symptoms: congenital malformation may be guessed at, but cannot, with accuracy, be detected.

We have now performed the task we proposed to ourselves, and we dare say, our readers will agree with us, that a more agreeable one, might have been selected; but we felt it our duty to expose the shallowness of argument, the very evident special pleading, and above all, the assumption on the part of Dr. A., that all his readers are as little acquainted with the present state of auscultation, as we trust we have shown him to be. The *ignorantia elenchi*, is the species of reasoning, upon which Dr. A., evidently relies in his argument throughout. That Dr. A. has rendered great service to the cause of science, we gratefully acknowledge; that he may be an excellent practical physician, we readily admit—but that he is a sound or skillful stethoscopist, we very much doubt. The stethoscope has had many enemies to encounter; but we know of none, pretending to familiarity with its employment, who has made such a determined effort to throw discredit upon it, and to discourage others from learning its application.

Montreal, April 15, 1847.

ART. II.—CONTRIBUTIONS TO CLINICAL MEDICINE,

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Case—Perforation of the Appendix Vermiformis—Peritonitis—Death.

Bridget Keer, a single woman, aged 25, came under my care in November 1846. The brief history of her case then given was, that she had been an inmate of the Montreal General Hospital, (with the exception of a short interval), ever since January of that year, for diarrhoea; and that she had on many occasions passed blood per anum, her dejections being also frequently mixed with puriform or muco-purulent matters, but that in general they were thin and watery. She had laboured under her present complaint for four months previous to admission. She was much reduced in flesh and strength, and at several periods she had suffered from hectic fever and profuse perspirations. Her abdomen was generally more or less painful, and she suffered occasionally from colic, or cramp in the right iliac region. During the whole period of her illness, she had not menstruated. She had been treated by a variety of ways,—astringents, iron, sulphate of copper, opium, &c. &c., were tried with occasional temporary advantage.

In the beginning of November, her complaints were very troublesome, her diarrhoea frequent, the evacuations being attended by griping, and the abdomen generally tender on pressure.

Her weak state confined her to bed, and she was subject to nervous palpitation in the epigastrium and course of the aorta. Her pulse 104, small; tongue clean and moist. She had pain of the spine, in the region of the 4th dorsal vertebra, in the loins, and also under the left mamma. She was ordered a blister to the abdomen, and an astringent mixture. This afforded her temporary relief from the abdominal pain and diarrhoea. She was then ordered decoction of cinchona, and also Griffith's mixture, in succession. Under this treatment she appeared to improve, but occasionally had severe returns of her complaints. By degrees, however, she recovered strength, and generally, throughout the month of December, could sit up a little daily. During January, although she was still subject to severe attacks of diarrhoea, (for a day or two at a time), she continued to improve, and became fat; and during the principal part of February, she seemed nearly free from disease. On the 2d March she was reported to have had several dejections, mixed with blood, on the preceding night, which were also attended by severe colic pains. A blister was ordered to the abdomen, and sulphate of copper with opium, (of each gr. $\frac{1}{4}$.) every four hours. Next day it was stated that she had been vomiting for most part of the night, and that her bowels had been much disturbed, accompanied by severe abdominal pain; she was also very weak and low. At the visit, she appeared to be suffering much from abdominal pain, and could not bear any pressure on the part. There was great anxiety of countenance; pulse 130, small and hard; skin cold; face pale, with cold perspiration over the forehead.

The symptoms indicated that there was peritonitis, probably arising from perforation of the intestine. Opium, in grain doses every two hours, was ordered, and the cupping glasses to the abdomen. The vomiting continued, and did not appear to be influenced by the remedies; she progressively and rapidly became worse, and died at 3 A.M. on the 4th, about 24 hours from the commencement of the vomiting and indication of peritonitis.

Sectio cadaveris.—The body *en bon point*. The abdomen distended with gas. The parietes of the abdomen appeared much loaded with fat, which was upwards of an inch in depth; in like manner the omentum was fringed round its loose edge by large masses of fat. The intestines and omentum, were in a high state of inflammation, being generally of a bright rose colour, and in some parts of a lurid red, as if scalded, particularly in the vicinity of the cæcum. Over several parts there