

the pulse, skin, and general aspect were those of inflammation of a mucous surface; but so soon as the pain "spread at once all over the abdomen," then the symptoms characteristic of inflammation in the *serous* tissue, or peritonitis, became very striking. Vomiting of a little mucus had taken place on the invasion of the complaint, but not afterwards—at no time was there hicough.

Our patient was made fully aware of the impending result, and he awaited it with all the calmness and dignity of a good Christian and a good man.

I was kindly assisted in the post mortem examination by Drs. Crawford and McDonnell. The appearances fully justified the diagnosis. That there was impaction and inflammation of the appendix vermiformis in the first instance; and that the symptoms of jaundice were due to obstruction in the biliary organs. Dr. Crawford has taken notes of the morbid appearances, and will be so good as to append a detail of them together with such remarks as he may deem proper, that the profession may have the advantage of profiting by this highly interesting and singular case.

Montreal, 7th Jan. 1847.

*Autopsy.*—On laying open the abdominal parietes, the peritoneal coat of the intestines generally, was of a bright rose colour; and was in many parts covered by an exudation of coagulable lymph, particularly where the bowel doubled on itself; these knuckles were in consequence slightly adherent together: a few ounces of turbid serum commixed with lymph were found in the peritoneal cavity. The appendix vermiformis was so altered in appearance and structure, as scarcely to be recognizable; it was about the size of a man's thumb, both as to its length and breadth; and of a dark or purplish red colour, easily breaking down, on any rough handling; being evidently in a state of gangrene throughout its whole structure: its upper portion alone, at its junction with the cæcum retaining its normal texture, its cavity was capable of admitting a finger: it contained a small quantity of dark thick fluid, but not sufficient to distend it. Two small portions of gall stone, each about the size of a small finger nail, were found in this cavity. The cæcum did not appear to be more involved in the peritoneal inflammation, than the other bowels; its mucous tunic was quite normal. The liver was mottled, pale, and of a blue colour. The gall bladder distended with extremely tenacious thick dark bile resembling tar, which adhered firmly to the lining membrane of the gall bladder, and to that of the ducts, which it almost completely blocked up, so that it was with some difficulty that the bile could be forced

through them—explaining in a very satisfactory manner the cause of the co-existent jaundice, which was very manifest over the surface of the body, and in the tunica adnata.

*Remarks.*—This case in its earlier stages was very obscure, there being nothing to indicate the existing inflammation, except the local pain, which although fixed was liable to exacerbations of a spasmodic character. There was neither tenderness nor tension of the abdomen. The stomach, although frequently excited to nausea, by eructations, was not provoked to vomiting. The pulse until one o'clock of the day of his death, indicated depression, rather than inflammation: possessing very little firmness, or resistance, and varying in number from 80 to 90. From this time the inflammation spread with amazing rapidity, and manifested itself by general abdominal pain, and intolerance of pressure. Although there was considerable flatulence, the abdomen did not at any time become tympanitic.

The great peculiarity of the case however was, its originating in the appendix vermiformis, an occurrence equally rare, as its invariably fatal consequences are inexplicable.

That such an apparently innocuous body as a gall stone, a pip of an apple, a small bean, or a plumb stone, can excite fatal inflammation, shortly after its introduction into this portion of the intestinal canal, a few well attested cases fully demonstrate: while the peculiarity of organization which renders this part so obnoxious to inflammation, from what would appear so insufficient a cause, is not so clearly understood.

The rapidity with which peritonitis ensues after the introduction of foreign bodies into the appendix vermiformis, is noticed by Dr. Wardrop, in his edition of Baillie's *Morbid Anatomy*: "Twenty-four hours after that a small bean had been swallowed, peritonitis ensued, and proved fatal in three days, when the bean was discovered in the appendix;" he also notices a cherry stone producing similar consequences.

Dr. Copland mentions four cases similar to the above, originating in the introduction of foreign bodies into the appendix, which were followed by gangrene of this portion of the bowel, and general peritonitis, the cæcum not being in any especial manner involved; in all these cases, however, there was obstruction of the bowels, obstinate retching, vomiting, and tormina. Symptoms of ilius having been superadded to those of enteritis, none of which, however, it will be seen, occurred in the present case.