

cæcum rather injected, but their mucous coat not at all so. Appendix cæci of a dark green colour; adherent to margin of pelvis, and by its free extremity to the right ovary, which, with the broad ligament of same side, is similarly discoloured; it is also softened, much thickened, and gangrenous, and presents two large perforations with soft floughing edges. An intestinal concretion, about the size of a marrow-fat pea, occupies its cavity at the site of one of these openings.

This, then, gentlemen, was an instance of an affection, which, although not very uncommon, is yet so infrequent that more than one example seldom occurs in the practice of a single individual—at least in cities of the size of Montreal.

Its infrequency may also be inferred from the silence observed on the subject by most writers on Practical Medicine. None of your ordinary hand-books contain more than a passing allusion to the occurrence of inflammation, or perforation of the Appendix Vermiformis. Even the Cyclopædia of Medicine, so comprehensive in its consideration of medical subjects, pays no attention to this; and the pains-taking and learned Copland devotes but one column of his article on the Cæcum to a brief account of inflammation of its Appendix. Indeed the only English papers that I can refer you to for a tolerable account of the symptoms and progress of inflammation and perforation of the Appendix Cæci are two excellent but brief communications by Dr. Burne, in the 20th and 22nd vols. of the Medical and Chirurgical Transactions—one by Dr. Pepper in the Philadelphia Philosophical Transactions, vol. i p. 296, and one by Dr. Lewis in the New York Journal for November, 1856.*

Let this be my excuse for bringing the subject before you at some length to-day. And perhaps the best way to do this will be to read you the particulars of three other cases which have occurred in this city within the past few years. The first occurred in the practice of Dr. Wolfred Nelson, and was published by that gentleman, and by the late Dr. Crawford, in the British American Journal of Medical and Physical Science for 1847, (p. 258). I shall condense the report as much as is consistent with the exhibition of its characteristics.

Rev. Caleb Strong, while otherwise in good health, complained to Dr. Nelson on Friday, 1st, at 3 P. M., “of a fixed pain at the bottom and on the right side of the belly. The tip of the finger can cover the part. The pain is much increased when there is a peristaltic motion of the

* The last two papers were not within my reach when this lecture was delivered. There are numerous cases scattered through the Periodicals, and the subject is mentioned by Dupuytren, Munière, Grisolle and other French authors, in connexion with “Abscesses of the Right Ilia Cæca.”