drug has become much deteriorated, which deterioration must have taken place either by the decomposition of its active principle, or from the fugations or volatile nature of that principle, which latter is not, however, very probable. Mr. Ley, in his paper of the 22nd of February, notices this deterioration, but does not state the doses in which he administered the gunjah in this country. I had hoped, from the easily induced cataleptic state as narrated of the Indian cases in Dr. O'Shaughnessy's paper, that the pathology of that disease might have readily been investigated in the lower animals, and that by this drug phenomena, now nearly hidden, might have been in some degree elucidated.

Had any other statements regarding the use of the gunjah in this country appeared in your Journal I should never have thought of bringing forward the four I have done; but I considered that, after Dr. O'Shaughnessy's liberal offer to the profession, and Mr. Squire's kindness in so promptly transmitting a portion of the extract to me, I should but ill perform my duty did I not take this opportunity for thanking them whilst I make the result of these few observations public.

I am, Gentlemen,

Your obedient servant,

JAMES INGLIS, M.D.

Halifax, March 27, 1843.

CALCULUS

OF THE

APPENDIX VERMIFORMIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In reading last week's Journal, I was much interested in the report of Mr. Butler's case of Calculi in the Appendix Vermiformis Cæci. The thanks of the profession are due to that gentleman for giving publicity to his case, as it is much to be feared that both organic and functional diseases of the cæcum have not generally attracted that degree of attention which they evidently deserve, and that disorders of this viscus have either been frequently entirely overlooked, or mistaken for other abdominal affections. It is only of late years that we have been favored with any precise knowledge of the lesions to which this organ is liable, and for the information now extant upon this subject we are principally indebted to the labors of Dr. Copland, who, in addition to his own valuable experience, has arranged in his Dictionary of Practical Medicine all that is known relating to this important subject. With reference to calculi being found in the appendix vermiformis cæci, there can be no doubt, as Mr. Butler affirms, that it is of rare occurrence, consequently but few cases are upon record. It has been my lot, however, to meet with one which occurred in my own practice a few months since.

A lad, aged eleven, became greatly heated from over exertion, and shortly afterwards ate about two-thirds of a pint of plums, swallowing the whole of the stones. The same evening he complained of pain in the abdomen accompanied with retching. The following morning I was consulted. The mother informed me that in the act of vomiting a considerable number of stones had been ejected. He complained of a great increase

of pain; the abdomen had become tumid, and exquisitely tender upon pressure; frequent vomiting; bowels costive; and tongue coated with white fur; pulse small and rapid; countenance pale and expressive of great suffering. These symptoms were regarded as indicating acute enteritis, brought on by the intemperance of the preceding day. The remedies usual in such cases were had recourse to. Leeches, calomel, purgative enemata, &c., were all tried in turn, but without affording any relief to the suffering patient. He lingered till the following day, when a sudden cessation of pain took place, succeeded by collapse and death.

Autopsy, Sixteen Hours after Death.

On laying open the abdomen, which was very much swollen, a considerable quantity of muco-purulent fluid escaped, containing flocculi. The convolutions of the bowels presented one agglutinated mass, the product of acute peritonitis. After unfolding these parts, with a view of ascertaining more clearly if any of the detained plum-stones had proved a source of inflammatory irritation in the course of the intestinal canal, two only were detected, lying loosely in the transverse arch of the colon. On arriving at the cæcum, it presented marks of having been the seat of a more intense degree of inflammatory action than the adjoining viscera. For the purpose of submitting this viscus to a more minute investigation, it was carefully removed and subsequently examined at my own house. The peritoneal surface was covered with an exudation of albuminous lymph, and the appendix adhered to the adjoining part. This process had also become gangrenous, which had given rise to a ragged perforation within an inch of its apex. Nearer to the cæcum could be felt a concretion, which at first was supposed to have been a plum-stone that had found its way within the appendix, but upon exposing it to view it was discovered to be a calculus, of a greyish color, about three quarters of an inch in length, and of an oblong shape. It was so beautifully impacted that I did not feel disposed to dislodge it for the purpose of analysis.

The specimen is deposited in a small collection of morbid anatomy at the Lowestoft Infirmary.

It may be here remarked that, on a *prima facie* view of the case, a degree of perplexity arose in my mind, not being able satisfactorily to account for the proximate cause of the symptoms. The calculus doubtless existed for some time previous to the period of his swallowing the plum-stones, although the patient apparently suffered no inconvenience from it. The latter circumstance, therefore, must be looked upon as the immediately exciting cause of the acute symptoms. When once a degree of intestinal irritation was produced by the introduction of a large quantity of indigestible matter, the cæcum, in common with the rest of the alimentary tube, would readily become involved, and the appendix, already predisposed to take on diseased action (owing to the presence of an extraneous body), would, as a matter of course, become the seat of active disease.

I remain, Gentlemen,

Your obedient Servant,

W. C. WORTHINGTON,

Senior Surgeon to the Lowestoft Infirmary.
Lowestoft, March 29, 1843.