doses of opium, the hiccough became manifestly less, and gradually ceased. There was much less perspiration during the day. The pulse became regular, with more power.

April 11th. He passed a good night; there was no hiccough, and very little perspiration. There was a little redness remaining about the stump, but no pain. He took no medicine, with the exception of one or two grains of opium at night. The stimulants were continued.

April 15th. The leg and foot were still somewhat œdematous; the stump was nearly healed. He had had no return of hiccough, and slept without opium. The stimulants had been reduced to ten ounces of wine, and fifteen ounces of brandy.

April 28th. He was progressing favourably, and had been able to get about the ward for some days, with the aid of crutches. The stimulants were reduced to four ounces of brandy, six ounces of wine, and one pint of bitter ale.

May 20th. The stimulants had been gradually reduced to six ounces of wine and one pint of ale; and he had gone on uninterruptedly well until to-day. This morning he complained of headache and sickness. The leg was a little swollen, with some erysipelatous patches about it. The stump was healed, except on the outer side, where there was some tenderness, and a small scab, which, on coming away, left a little elevated granulation; but there was no passage for a probe. The bowels were rather confined; the tongue moist, and a little coated; pulse 90, of good volume. His wine and ale were taken off, and an aperient with salines was ordered. The leg had quite recovered itself in a few days; and he has continued to improve up to the present time (June 1st). He has to-day left the Hospital, to go into the country for a month, with a good stump, the cicatrix being entirely on the dorsum of the foot. He bears pressure well all over it, but the small papillary elevation still remains on the outer side of the foot. He has not attempted to walk much on it yet.

REMARKS. The symptoms which are usually supposed to accompany pyæmia are observed, in most cases, to run the same course, and to be almost unaffected by any treatment. Coming on, as in this case, with rigors, perspirations, hiccough, and the usual accompaniments of typhoid fever, occurring, as in this case, several days after an amputation, without any local change in the stump to account for them, they are almost invariably followed either by the death of the patient before the formation of abscess, or by the deposition of matter in the viscera, joints, or cellular tissue, which is usually followed by a similar fatal termination. The fact, however, of the formation of abscess is generally considered as being unessential to the case, and rather to be regarded in the light of an accident, very common, indeed, in such cases, and a necessary result of the contamination of the blood, if the case lasts long enough to show it, and the disease is unchecked, but not so much a part of the disease as one of its events. Now, this appears to have been the only symptom wanting to complete the history of this case, as one of pyæmia; and the disease manifestly yielded to the exhibition of opium in the solid form, and in very large doses, combined with great quantities of alcohol.

We have therefore thought the case of sufficient interest to report, in case that any of our readers should be disposed, in a disease so almost uniformly fatal, to institute a similar experiment. We have no doubt that the same plan of treatment has been tried before with a different result; still, the present case was almost indubitably one of *cure*, not of *recovery*, as the patient got steadily worse till the treatment was adopted, and then mended forthwith—a fact which makes it the more worthy of attention. In a future number we hope to recur to the subject, while adducing the particulars of other cases in which pyæmia appears to have existed, and recovery has taken place.

WORCESTER INFIRMARY.

CASE OF HYDATIDS OF THE LIVER.

Under the care of SIR CHARLES HASTINGS, M.D.

[Reported by ERLIN CLARKE, M.B., late House-Surgeon.]

THE notes of this case will be found imperfect, as the woman was in the Infirmary only a few days before her death, and was in a very weak state, and unable to give a clear account of her illness.

Fanny Longford, aged 32, a married woman, was admitted March 13th under Sir C. Hastings. She was suffering from ascites and anasarca in an advanced stage, with dyspnoea and weak pulse; and during the few days she was under observa-

tion she complained occasionally of pain in the region of the liver, and troublesome vomiting of bilious matter. The ascites prevented any very accurate examination of the liver; and no enlargement of that organ was detected during life. The history she gave was that she had been confined about six weeks ago, and that a month before her confinement a considerable quantity of water drained away from the vagina, reducing considerably the dropsy from which she had suffered during her pregnancy. She stated, also, that during labour the liquor amnii was discharged in the ordinary way; and very shortly after her confinement the dropsy returned, and had steadily increased. There was no trace of albumen in the urine.

On March 22nd she died; and, at the *post mortem* examination, besides a considerable amount of effusion in the pleura, perineum, and peritoneum, the right lobe of the liver was found to contain a large hydatid cyst, of a capacity of about a pint and a half. The fluid was yellow and seropurulent, and in it floated a large number (100 or 200) of secondary cysts, of various sizes, from that of an egg to a pea. In these the fluid was clear and transparent, and numerous echinococci were observed on a microscopic examination. On slitting up the intestines, a single ascaris lumbricoides was observed in the jejunum.

SALOP INFIRMARY.

SEPTUM IN RIGHT AURICLE.

By WILLIAM A. P. DICKIN, Esq., House-Surgeon.

J. J., aged 33, whilst waiting to present his recommendation in the admitting room of the Salop Infirmary on May 1st, fell down, and died comatose in two minutes.

A *post mortem* examination was made forty-eight hours after death. The body was that of a florid, muscular man, without any œdema or other external sign of disease. The heart weighed thirty-four ounces and a half; it was very large, pale, and flabby. The right side contained a very large amount of dark blood, as did also the pulmonary vessels. Both mitral valves were thickened by a fatty fibrous deposit, and were imperfect in their action. The left ventricle was much dilated, and its walls were thickened. The aortic and semilunar valves were perfect. Placed upon the top of the left auricle, was a fifth cavity, almost as large as the auricle proper, and capable of containing two ounces of blood. It was separated from the auricle by a thin, strong, transparent septum. About the centre of this septum was a foramen communicating with the auricle, an inch and a half in circumference; the edges of the foramen consisted of a perfect ring of bone; thus the opening was quite patulous. Into the upper sac opened the pulmonary veins on each side. Into the auricle proper there was no opening of vessels; the only communication being through the foramen. The walls of the supplementary sac were continuous with those of the auricle, the muscular fibres being continuous, as was also the lining serous membrane with its peculiar epithelium the same in both sacs. Where the septum was attached to the walls of the auricle, there was no contraction or peculiarity. There was not the least appearance of the sac being of aneurismal origin, but it appeared, as doubtless it was, a congenital malformation. The lungs were much gorged with dark blood; other organs healthy.

No previous history is known of this man, except that he was supposed to have some disease of the heart; and I hear that he followed his employment up to the day of his death, when he walked some distance to present his recommendation for admission.

THE VACANT PROFESSORSHIP OF CHEMISTRY IN EDINBURGH. Professor George Wilson entered the field with such prospects of success, that his election might have been looked for as certain, had he not subsequently retired from the contest at the request of Government, who have liberally increased his salary, so as to keep a useful public servant in a post for which he is admirably qualified (that of Professor of Technology). This withdrawal has enabled Dr. Lyon Playfair to commence his canvass, because, as we understand, that gentleman had determined to offer no opposition to the claims of his friend Dr. Wilson. Professor Anderson of Glasgow, Professor Blyth of Cork, and a Dr. Maxwell Simpson, are also named as candidates. The strange proposal to offer the Chair to Dr. Faraday has met with a decided refusal from that distinguished physicist. The election is to take place on the 29th of June. (*Edinburgh Medical Journal*.)