otherwise healthy. On opening the pericardium, about six ounces of fluid were found; the pericardium was nowhere adherent, but near the apex of the left ventricle there was a patch of lymph as large as a half-crown, capable of being scraped off without injury to the membranes beneath. The cavity of the left ventricle was found much dilated, and the walls thickened; the semilunar valves were thickened, contracted, and covered with large soft vegetations, easily broken up. On tracing the aorta upwards, it was found much dilated, and immediately after the giving off of the innominate artery, between that vessel and the left carotid, there was a pouch, extending upwards as high as the upper bone of the sternum, making pressure on the trachea; this pouch was formed by a dilatation of the aorta. The origin of the left subclavian was surrounded by an almost bony ring, and so much contracted as scarcely to admit the head of an ordinary probe, thus satisfactorily accounting for the indistinct pulse of the left wrist; beyond this contracted portion the artery swelled into a pouch, nearly half an inch in extent, when the vessel became of the ordinary size. The lining membrane of the ascending aorta was thickened and puckered, but not ulcerated; but from the point where the aorta curves to form the arch where the great vessels are given off, and for the first four inches of the descending aorta, the lining membrane was in a state of extensive ulceration; in some patches of the membrane the size of a shilling being entirely eaten through. Occupying the first five inches of the aorta, there was a large firm plug of discoloured lymph, evidently of an existence antecedent to death.

The liver was pale and somewhat hard, otherwise healthy; the kidneys were much congested, of a dark claret colour, easily broken up under pressure, and more resembling the structure of the spleen than that of the healthy kidney.

On removing the skull-cap, the arachnoid covering the hemispheres was found opaque, with a considerable quantity of fluid beneath it; the lateral ventricles were empty; the portion of white matter forming the roof of the right lateral ventricle was extensively softened, so that it could be scraped off with the scalpel like soft putty; the corresponding part on the left side was firm, almost more so than usual, and on slicing the hemispheres, the bloody points were more numerous on the right side than on the left; the basis of the brain presented nothing unusual, but the arteries were all, more or less, in a state of disease, especially the vertebrals and the basilar.

September 30, 1847.

DILATATION OF THE RIGHT AURICLE IN A NEW-BORN INFANT, FATAL ON THE SEVENTH DAY.

By S. G. SLOMAN, Esq., Surgeon, Farnham.

Richard Jarrett's infant, born on the 11th of November, 1847, was well formed and apparently healthy at birth. It took the breast well and showed

no symptoms of disease until the evening of the third day, (the 14th,) when the nurse noticed that its breathing was somewhat difficult; it had a slight cough and brought up a viscid mucous expectoration, tinged with blood. These symptoms continued throughout the following day.

I was requested to see the infant on the 16th, when I found it suffering from the greatest difficulty of breathing, occasioned by the very copious viscid mucous secretion which it could not get rid of, blocking up the air-passages, and causing such an amount of obstruction to the respiration, as to threaten suffocation; the brain also suffered much from the consequent congestion, and the infant was frequently convulsed. The only relief that it appeared to get during these paroxysms, was by turning it on its abdomen and thus facilitating the getting rid of the mucus. I ordered the infant a warm bath, which afforded some relief; the bowels were very much relaxed, but there was a great deficiency of bile in the excretions; it passed no water; it was unable to feed from the third day.

All the symptoms increased in urgency until the seventh day, when it was attacked with a passive pulmonary hæmorrhage of dark grumous blood, and died very shortly, in the greatest distress, in convulsions.

I made a *post-mortem* examination about thirty-six hours after death, and the following were the appearances:—The infant was of ordinary size, well-formed, and well-nourished, although beginning to waste. On opening the thorax, I found the anterior and superior parts very much congested, particularly the external and internal jugulars; the lungs were small and also very much congested; there was a considerable effusion of serum in the pericardium, and the heart was very much enlarged; the right auricle was dilated to such an extent as to form a loose bag covering the base of the organ, and *very much attenuated*; the right ventricle was dilated, and the auriculo-ventricular opening appeared too large for the valve to close. I could not discover any disease of the valves. The left auricle was also dilated, but the left ventricle presented nothing peculiar; the foramen ovale was closed.

The liver was enormously enlarged and congested, and felt through the parietes, as a large abdominal tumour, extending into the left hypogastric region; the gall-bladder was distended with inspissated bile; the other viscera presented no peculiar appearances, beyond being congested.

I imagine that the cause of death was from the obstruction to the circulation on the right side of the heart, in consequence of the dilatation by attenuation of the right auricle, and thus rendering it incapable of performing its functions. The mother of this child has lost two children before, each having died suddenly when about a fortnight or three weeks old, and according to the account of the friends with much the same symptoms, except the second, which died almost suddenly,—so much so, as to excite some suspicion as to its having died from natural causes, and an inquest was held upon it. I have never attended the mother, but from the account the friends gave me of her state of health, and some symptoms they mentioned, I imagine that she has disease of the heart.