I and those who assisted me adopted—namely, the taking a glass of wine and a biscuit before entering the wards, and not the slightest fever symptom appeared to those brought into contact with the sick. I have little doubt that the result would have been much less satisfactory had our fears of danger led us to make fever wards, and so to concentrate the miasmata, which it was our grand object to disperse.

The mortality was as under:—

In-door cases 100—Deaths 3

Out-door „ 79— „ 1

I have no hesitation in attributing this very small mortality chiefly to the unlimited supply of stimulus and concentrated nutriment which I had it in my power to afford; and to the constant, kind, and watchful attention with which the much-respected matron of the infirmary and our experienced nurses seconded the directions of the medical attendants.

Croydon, November 20, 1847.

EXTENSIVE DILATATION OF THE AORTA, SIMULATING ANEURISM; ULCERATION OF THE LINING MEMBRANE; PARALYSIS; SOFTENING OF THE BRAIN.

By GEORGE NORMAN, Esq., F.R.C.S., Senior Surgeon to the Bath United Hospital.

(Read at the Quarterly Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, September 30, 1847.)

The Rev. Mr. P., aged 43, of large stature and robust appearance, excepting that his countenance was sallow, became my patient in the middle of May last. He had been subject during the previous four or five years to rheumatism, occasionally severe, generally attacking the muscles, but at times the large joints. About two years ago he began to find some difficulty in walking up-hill, and going up-stairs, and to have occasionally excessive throbbing of the heart; and soon after it was observed that the pulse at the left wrist was small and indistinct, whilst that of the right was full and hard, but at that time there was no intermission. He was supposed to have aneurism of the aorta, and was treated by small bleedings, rest, and low diet.

About twelve months since he had an attack of violent pain in the head, and in about an hour after, a numbness and loss of power in the left arm and leg, without any loss of consciousness. These symptoms soon ceased and his arm and leg were restored to their full power in a few days. About three months before he came to Bath he had an inflammatory attack accompanied by great pain in the back and left side, which was supposed to arise from inflammation of the kidney, and he was bled repeatedly.

He came to Bath in the middle of May last, when I first saw him. He had then no other pain than occasional muscular rheumatism; his pulse at the right wrist was full, hard, and generally about 80, and similar in character to what is usually felt where there is an hæmorrhagic tendency; the pulse at the left wrist was small and indistinct; there was great throbbing over the region of the left ventricle, and

the heart occupied a larger space in the chest than natural. There was no sound indicating aneurism, or valvular obstruction, but the excessive pulsations of the left ventricle were continued in the course of the ascending aorta. He could lie on either side, could walk with ease on level ground, and complained very little, excepting of rheumatic pains.

In this state he continued with but little change till the middle of June, when he experienced occasional paroxysms of severe cough, with some bloody expectoration and difficulty of breathing, but both the cough and the dyspnoea would entirely disappear for days. About this time he was carefully examined by Dr. Davies and myself; there was no evidence of any disease of the lungs or of the pleura. The action of the left ventricle was excessive and extended upwards in the course of the aorta. There was an indication of roughness in the internal lining of the aorta, and of a thickening, but no obstruction of the valves, and no sound indicating aneurism; the left ventricle was enlarged. We considered that there was hypertrophy of the ventricle, thickened valves, and dilated aorta; but we could in no way account for the state of the pulse at the left wrist. The urine, which before had been in sufficient quantity, now became scanty, and his legs to be œdematous. He was put on a course of mercury, with squill and digitalis. For a short time there was some improvement, but the attacks of dyspnoea soon became more frequent and distressing. It appeared that some pressure on the trachea either occasioned or aggravated the cough, for often the cough and difficulty of breathing would entirely cease for some days, and then return generally in the night, with increased violence.

In the beginning of July he was suddenly attacked with palsy of the left side, without any pain in the head, or loss of consciousness. He was bled, and the blood drawn had a thick buffy coat, and whenever he was bled afterwards, which he was several times in small quantities under urgent symptoms, the blood always exhibited the same inflammatory appearance, and he was always relieved by the bleeding. The power of the left arm and leg returned, to a certain degree, the next day, and afterwards gradually improved, but was never entirely restored. The returns of dyspnoea now became much more frequent, and he lost strength daily. A few days before his death, which occurred on the 31st of July, it was observed that during the attacks of difficulty of breathing, there was a sound in the upper part of the chest, as of some loose substance flapping backwards and forwards, audible to those standing by the side of the bed. On the day of his death he was seized with a violent attack of dyspnoea, with faintness, and intermittent pulse; he became exhausted, and died in a few hours. The body was examined on the following day.

On opening the thorax, both pleural cavities were found to contain a large quantity of fluid, from one to two quarts in each; there were no adhesions between the pleural surfaces, with the exception of an elongated band, of some standing, extending from the lower margin of the right lung to the upper surface of the diaphragm; both lungs were emphysematous, but

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.