leucocythemia there is generally sufficient evidence elsewhere of the implication of the glandular system.—*Dublin Quart. Journ. of Med. Sci.*, May, 1871.

20. *Intra-pericardial Aneurism of Aorta*.—Dr. STOKES, Regius Professor of Physic in the University of Dublin, presented to the Pathological Society of Dublin (*Brit. Med. Journ.*, March 18, 1871) a most interesting case illustrative of some obscure points in the diagnosis of cardiac disease. The patient was a man aged 31, who six years ago was admitted to the Meath Hospital, suffering from "heart disease," most probably from pericarditis. At the time of his second admission, a short time ago, he was the subject of general anasarca. On physical examination, the liver was found to be much enlarged, its lower edge being felt just above the crest of the ilium. But the most striking physical signs were met with in connection with the heart. At its base a double murmur was audible, of which the first part was systolic, and the second corresponded with the diastole. This bruit became fainter when traced towards the apex, but at this point it was again distinctly heard. Besides the double basic murmur, a loud *frémissement* existed at the base. This sign disappeared at a subsequent period, but only to return. There was visible pulsation in the carotid alone, and the pulse partook to some extent of the characters of the collapsing form. Here then were all the usual signs of aortic patency, together with the basic *frémissement*, and a second double murmur at the apex. Dr. Hayden, who was asked by Dr. Stokes to see the case, suggested that the lesion was aneurism of the right ventricle. After death the left ventricle proved to be much hypertrophied, the aortic valves were found perfectly competent, though somewhat thickened; and a true aneurism sprang just above the origin of the aorta. The tumour was intrapericardial, and from the sac a fistulous passage led into the cavity of the right ventricle. There was, in fact, a varicose aneurism. The *frémissement* was now explained—its disappearance Dr. Stokes regarded as due to a temporary plugging of the fistulous openings. Cyanosis was never present, though before death the patient's aspect became unusually livid. Dr. Stokes mentioned that this was the second instance in his experience in which an aneurism springing in the neighbourhood of the sinuses of Valsalva had perfectly simulated the comparatively common disease, permanent patency of the aortic valves. Dr. Hayden stated that his diagnosis was founded on the following considerations. First, the murmur of exit possessed a peculiar character, one never remarked in simple valvular disease. It resembled the sound caused by the entrance of fluid into a resounding cavity, and might best be described by the word "splashing." Secondly, this murmur was not transmitted into the carotid vessels.

21. *Chloride of Ammonium in the Treatment of Hepatitis and Abscess of the Liver*.—Dr. STEWART, of the Royal British Fusiliers, observes (*British Burma Press*, Rangoon, 1870) that this drug has been for some time employed and valued by the Germans and the French in the treatment of diseases in which mercury and other alterative deobstruents are indicated, yet he has never found the salt particularly mentioned in relation to the treatment of hepatitis and abscess of the liver. After numerous and careful trials he now recommends the drug almost as a specific in such cases, and he states, moreover, that he has found it very serviceable in all cases of hepatic disease whatever, whether depending on organic disease or on functional derangement. The proper period for the exhibition of the remedy is after the abatement of acute symptoms, and when diaphoresis has been freely established, and it should then be administered in doses of twenty grains night and morning. About fifteen minutes after the chloride has been taken a sensation of warmth is experienced at the epigastrium, which gradually spreads over the whole surface of the skin. The patient at the same time says that he feels "light-headed." In cases of hepatitis the pain is either removed to a point higher up than the liver or is entirely relieved. Dr. Stewart gives a history of a number of cases, and shows that, during a nine months' trial of the salt, out of a total of thirty-one, not one was followed by a fatal result. He also highly recommends the chloride in cases of chronic dysentery, and advises the continuance of its administration for some time after the disappearance of acute symptoms.—*Brit. and For. Med.-Chir. Review*, April, 1871.