terminology, "healing" aneurysms must be classified along with "healed." By this means one is enabled to divide dissecting aneurysms into the two clearly defined classes of those in which the dissection is progressive and is *per se* the cause of death and those in which dissection of the arterial walls has been arrested and has not directly led to the fatal event.

The two cases here to be discussed are of the latter category, and in their anatomical features and clinical histories present so many points of similarity and interest that they well deserve to be placed upon record. The more recent of the two, and the more extensive, was obtained at a recent necropsy at the Royal Victoria Hospital, the older has been for some few years in the museum at McGill University and has already been briefly noticed in this JOURNAL.[1] Through the kindness of Dr. Finley, who performed the post-mortem, and of Dr. Shepherd, in whose wards at the General Hospital the patient died, I am enabled to record here the fuller details. For the use of the very full clinical notes of the first case I am indebted to Dr. Jas. Stewart.

CASE I.—This was obtained from the body of T. F., a patient of Dr. Stewart, æt. 64, by occupation a labourer and carter. The patient, as I learn from Dr. Reilly's notes, had been accustomed to heavy work and was addicted to alcoholism. In 1865 he suffered from sunstroke; in 1891 he was in the General Hospital under Dr. Armstrong with a compound comminuted fracture of the right leg; four months before admission to the Royal Victoria Hospital his left leg was severely bruised by a bar of iron falling upon it. His final illness appears to have begun nearly a year before his death. In April, 1895, while at work he was suddenly seized with dyspnœa and a sense of oppression in the chest, and was so ill that he had to be carried home. After being in bed for several days he went back to work. The next month he suffered from another and similar attack, which incapacitated him for a few days, while a third attack in July led to his being confined to bed for several weeks. Later, cough and expectoration supervened. In December swelling of the legs was first noted, and early in this month he was admitted to the Royal Victoria Hospital, under Dr. Stewart, complaining of pain in the left hypochondrium, present only at times and increased by lying on the left side. There were also paroxysms of pain of an anginoid character over the pericardial area.

Not to enter too fully into the symptoms presented in this case, it may briefly be stated that he presented evidences of arterio-sclerosis, with increased vascular tension, enlarged heart with weak sounds, soft apical systolic murmur transmitted to the left axilla, a fugitive

[1] This Journal, XXI., 1892. p. 700.