

whilst the body now lay clothed in the coffin, we proceeded with our partial necroscopy.

The sternum being elevated so far as to enable us to see and detach the heart, the anterior margins of both lungs came into view, emerging from their costal encasement towards the mediastinum, puffed, outstretched, and of a dark hue (undoubtedly because of the high degree of hyperæmia and œdema). The external surface of the pericardium showed nothing abnormal: in its cavity it had about half an ounce of limpid yellowish serum; its walls were smooth and lucid. The heart was normally situate, of normal size and form; on its surface, besides a copious layer of fat, in the coronary and longitudinal sulcus, nothing was observed,—not a trace of stain, of exuded deposit, or of interstitial exudation.

Having removed the heart we passed to its internal inspection. The right auricle and ventricle were filled with coagulated blood, dense and dark, holding copious fibrinous coagula and vegetations of globulous form, (most probably developed in the final agony). The capacity of the auricle and ventricle was of normal size; the tricuspid and semilunar valves were intact; the colour of the cut surface was pale, with a brownish yellow tint; the wall of the ventricle was of normal thickness, and the endocardium was unaltered.

The details given above as to the auricle and ventricle of the right side, are equally valid as to those of the left, but not as regards the semilunar valves of the aorta. In this we found most singular alterations, which could be readily seen by looking from above, through the canal of the aorta.

With the view of observing these more closely we divided the aorta, conducting the cut across the commissure of the right and left valves, a process which we afterwards found most suitable, since had we made the cut as usually defined across the posterior and right valves, we should have destroyed a great part of the anatomical marks, and thus to a certainty the evidence of the entire pathological process, and its origin and ulterior development, would have been obliterated.

That which more desirably resulted was the tension of the completely displayed right valve

in the midst of a mass which not only filled the right sinus of valsalva, but further overlaid one-half the themisphere. Extracting this, with all possible caution, and examining it very closely, I found that its superior strata as far down as the origin of the coronary artery, within the precinct of the sinus, consisted of recently coagulated fibrin, whitish yellow, mixed with blood. Descending into the base of the coronary artery, the nature of this fibrinous mass became changed, very much discoloured, more dry and interlaced, and a greyish-red colour. All these characteristics of thrombus were found still more fully expressed in the ultimate stratum over the base of the sinus of valsalva.

From this stratum, I detached a slender filament, about  $2\frac{1}{2}$  centimetres in length, which was originally connected with a recent formation, presently to be described. The valves of the aorta, unenlarged, had a smooth lucid surface, but the posterior one had, over a small space, coalesced with the right and left valves, at the borders of the commissures (this space was in length about 4 millimetres). Corresponding to this coalescence, and to the underlying triangular portions of the aortic wall, from the posterior valve on one side, and the right and left ones on the other, there were, constructed of the recent (endocardic) excrescences, which were soft and whitish, resembling those situate at the connection of the valves with the deposit, small prismatic columns, clear and fine, adhering lightly to the orifice of the aorta.

At the apex of the column which filled the space of the commissure, from the posterior and the right valve, there arose a fine granular web, pointed and papillary, (excrescence,) of about  $4\frac{1}{2}$  millimetres in height, and marvellously resembling an acuminate condyloma; it was not connected with the aortic wall, but floating free in the channel of the aorta. The detached filament, above mentioned, stood in direct organic connection with the point of this excrescence; in reality this filament was no other than the extirpated point of the excrescence.

In the right heart, as I have before said, no trace of endocarditis was found, with exception of the small spaces, intracommissurals from the posterior valve on one side, and the right and