

tion. Its position the neck; during er of the sternum, re separated by a appearance of two ispherical, the size ond kernel; in re- symmetrical, while ition, destroyed the e had. The entire rsely 2½ inches, its ficiencies of the neck. e investing skin had aspect of pointing, emingly on the eve and misled by this ultices. Moreover, it pulsed forcibly; ked around the peri- e discovered in their oned. It expanded during the diastole. ough the murmur was pe was pressed rather y any fremitus, refully applied, was, pon the right carotid consequence of syn- it was first noticed on p of his finger, it sub- the dimensions above nd compressibility it nder, nor painful, al- e skin, *in situ*, seemed

o piece of the sternum ace a strong pulsation nly distinct from the of the heart. No de- there was near the on of sound that often,

by augmentation, passes into a bruit. The right infra clavicular region was rather duller than the corresponding one of the opposite side; here, also, respiration was generally weaker, and over the costal cartilages more blowing than natural. The pulse of the right wrist was somewhat weaker than that of the left one, but no difference was noted in the beats of the two carotids.

He was 70 years of age, by trade a hatter, a stout strong-built man, with large head, short neck and capacious chest. During his long life he had been seldom seriously ill. His chief ailments began a year ago, when he experienced a difficulty of breathing, which he believed was asthma, since then he had been liable to paroxysms that supervened monthly, and after continuing for a few days left him as well as before their accession. The first seizure was accompanied with dropsical enlargement of the abdomen and limbs, that lasted for six months and then completely disappeared. Ever after the first asthmatic attack he had been troubled with cough, which was never very annoying, and generally of slight character. It was attended with the expectoration of a scanty frothy mucus sputum, but at no time with hæmoptysis. His neck had a tendency to "tippet shape," the base was puffy, pitted and had a doughy feel, with an obscure crepitus on being pressed. A month previously a swelling commenced in the submaxillary region and rapidly extended over the neck; after persisting for a few days it went down, but returned in two or three week's time; and at the date of examination had so far declined as to present a mere trace over the clavicles, as already stated. When these tumefactions ensued they were accompanied by pains, which he took to be rheumatic; the latter were mostly felt in the right shoulder and spread thence upwards along the neck. When at their greatest height, he, also, suffered from a sensation of cephalic tension, or as he said his head felt as if it had been jammed into a tin case. The cutaneous venules were slightly varicose in the external part of the right infra-clavicular and mammary regions and axillary side of that arm. No such appearance visible on left side.

In the course of the afternoon I returned to the Hospital in company with Dr. Campbell, our Professor of Surgery. This gentleman, after a thorough investigation of the tumor, felt convinced that it was an aneurism of the innominata, and at his suggestion a consultation of the medical staff of the Hospital was called for next morning. There was a full attendance of the members, and all present were unanimous in diagnosing the external tumor to be aneurismal; and prognosticating the certainty of the man's death in, perhaps, a few hours, or at furthest, in a few days if he was left alone to his fate. After a mature deliberation it was resolved that the right common carotid artery should be tied on the morrow.