the superficial abdominal veins fill from above. A vibratile thrill, synchronous with the second sound of the heart, is perceptible to the eye over the right side of the chest. Percussion normal, except that cardiac dulnesss is a little low in the recumbent posture. At the apex, first sound of the heart difficult to make out. Second sound clear. No murmur with cardiac sounds. All over the ascending and middle portion of the arch of the aorta a soft whizzing sound is heard. At the commencement of the arch it is diastolic. Upon moving the stethoscope upwards, the murmur is heard to be both systolic and diastolic, but more diastolic. Over the third right costal cartilage, the sound is heard with greatest intensity. The character of the whizz is venous—a continuous churning sound. No sound in the right side of neck. There is bronchial breathing at the base of the anterior part of the right lung, but otherwise pulmonary sounds are normal. Is troubled with a short sharp cough, which produces much congestion of face and neck, at each attack. The radial pulse is small, but regular in rhythm—the right being less than the left. Beats 108 per minute, respirations 33. He continued much in this condition till the 21st February, when the weather became very cold, and the dyspnœa and cough increased. In the evening of the 21st there appeared under the right axilla a mottled redness of skin, which is hot. Was ordered ℞ Julep ammoniæ ℥ j. œth. chlor. m. xx. lig. opii sed, (Battlei) m. iii., quartis horis, sumend; Brandy, 3 oz, 9 p.m. Pulse 140, respirations 52. Great tenderness in right axillæ. 22d. Pain in axillæ worse—inflammation spreading slowly in all directions. 29th—Inflammation has spread down the right arm and to the trunk; next the left axillæ and shoulder took on the same action, also the skin of the left side of the abdomen. He died at 8 p.m.: a post mortem was made eighteen hours after death. On opening the pericardium, a few flakes of lymph were seen floating in an opaque fluid, showing recent pericarditis. The aorta bulged forward on its right side, and here the lung was adherent. On removing this protrusion, it was found to be an aneurism of the size of a man's closed fist, It occupied the right side and posterior wall of the ascending aorta: commencing about an inch above the valves, it reached the inominata artery. This description applies to the opening into the sac; the latter projected both higher and lower than this, being seen, indeed, in the pericardium. The sac contained a recent clot, but no ante-mortem fibrine. The walls were remarkably thin, and at one spot ready to give way into the pericardium. Passing along the front of the aneurism was the superior vena cava, with the brachia cephalic at the upper part. On opening the vena cava a perforation was seen at its back part, just as it entered the auricle. This entered the aneurismal sac, so there was a free communi-