hours after death, the following conditions were observed: The skin of the cadaver was of a distinct lemon tint. At the inferior angle of the left scapula was an ulcerated area 1 inch in diameter. The edges were indurated and deeply undermined. The finger could be passed beneath them for a distance of 1½ inches upwards and two inches downward. The base bled freely after this manipulation. On removing the sternum it was noted that the pericardium was unusually prominent, as if it were pushed forward. The heart was dilated, of a pale brownish color, and the muscle friable. The lungs were emphysematous and presented evidences of healed tuberculosis at the apices of both upper lobes. The kidneys showed chronic nephritic changes. The spleen was somewhat enlarged.

The interesting finding, however, was the presence of a large aneurysm of the descending part of the arch of the aorta and the upper part of the thoracic aorta. The aorta itself passed downward in the thorax over the anterior surface of the aneurysm, which extended from the 5th to the 11th dorsal vertebra The tumor was in shape elongated and rather narrow and varied in consistency at different parts. The anterior and lateral walls were well defined, but the posterior wall was so intimately associated with the tissues forming the wall of the thorax that in removing the mass the aneurysm was cut into, fluid blood and numerous large clots escaping. The bodies of the 6th-11th dorsal vertebrae were extensively eroded. The communication between the sac of the aneurysm and the lumen of the aorta was by means of an opening ¾ inch in diameter in the posterior wall of the aorta at the level of the lower end of the arch of the aorta and the upper part of the descending thoracic aorta. The most prominent part of the aneurysm corresponded exactly with the site of the external ulceration.

Case 2.—Male, age 47, laborer, was admitted to the medical ward of the General Hospital, on October 28th, 1904, complaining of "pleurisy of the lung," cough and expectoration, loss of weight and weakness. The present illness began five months before admission with slight pain in the back and chest, which were transitory and usually worse in the morning. One month later dyspnea on exertion was noticed. It was sometimes very pronounced, but the patient could always remain at his work even during the worst "spells." In July cough set in and during the past month has become much worse, and is aggravated by exposure to cold. It has been accompanied by a whitish expectoration for the last two weeks. Since four weeks he has lost 25 lbs. in weight, and during this time has lost strength rapidly.