

continued to grow slowly, but by March, 1895, it was noticed to be slowly lessening in diameter, measuring 4 instead of 6 inches across. The patient continued in the hospital until May, when he was discharged, showing distinct improvement in his condition since January. The diagnosis then made was Aneurysm of the Ascending Arch.

In March of this year he was in the hospital again, for a few days, for examination, and then went home, returning on the 13th August. Upon re-admission he complained of transient pains, as before, in the pectorals and shooting down the right arm, then again in the back below the shoulder blades. Arcus senilis was now well marked. There was no dyspnoea save on exertion and save that when lying upon his back the patient experienced a smothering sensation. The right radial was rather stronger than the left. The transverse diameter of the tumour had increased from 4 to 5½ inches. The skin over it was shining and glazed, there was a harsh blowing systolic murmur heard over the chest in front, faint at the apex. There was, as before, tracheal tugging, and the breath sounds on the right side were feeble. There was no difference between the pulses, at the beginning of September. The tumour steadily enlarged and upon the 8th, the skin over the apex began to give way, there being one or two small cracks from which blood oozed in small quantities. On the next day the skin over the apex looked as though the aneurysm might burst at any moment. The patient now was discharged at his desire. He was seen at home by Dr. Reilly every other day. He lived nearly four weeks after his discharge, until October 5th. Then taking his tea in bed, sitting up, the tumour suddenly burst, the blood pouring out of the upper portion of the prominence, and in a moment he was dead.

The condition of the subject when he came down out of the post-mortem room is admirably shown by the accompanying photograph. The body was that of a somewhat emaciated adult of spare frame; the conical bulge occupied the centre of the chest, having a transverse diameter of 14.3 cm. or about six inches. The skin over the cone was rather discoloured, having a brownish tinge. The truncated apex of the cone had its centre in the line joining the two nipples, and it formed a circular, fungating, blood-stained mass 5 cm. in diameter, projecting 3 cm. above the level of the surrounding skin. A probe could be passed easily into this mass towards what, taking the head as north, might be described as N.W. by W. portion of the periphery, and later examination showed that the fungating mass was devoid of skin, and was in fact, a thick layer of blood-stained fibrin, which, until the fatal moment, had acted as a shield, preventing rupture.