

by manipulation, and, anteriorly, by efforts of deglutition. Its position was relatively affected by changes in the state of the neck; during flexion, its lower segment touched the superior border of the sternum, but when the head was thrown back, these parts were separated by a finger's breadth of intervening space. It had the appearance of two swellings united in one, of which the largest was hemispherical, the size of a split peach—and the smallest ovoidal, like an almond kernel; in reference to the mesian line, the former was nearly symmetrical, while the latter was on the right side, and, by its superaddition, destroyed the circularity, which, otherwise, the outline would have had. The entire tumor measured, vertically,  $1\frac{1}{2}$  inches, and transversely  $2\frac{1}{2}$  inches, its central axis projected about  $1\frac{1}{2}$  inches from the superficies of the neck. Its surface was uniformly smooth, and rounded; the investing skin had a lurid red color, and the centre spot presented an aspect of pointing, being greatly attenuated, slightly excoriated, and seemingly on the eve of bursting: in short, it looked like a ripe abscess, and misled by this *facies futua*, the patient had been treating it with poultices. Moreover, it felt soft, and fluctuated most distinctly. But again, it pulsated forcibly; the pulsations were, everywhere, equable—as marked around the periphery as over the summit, and no variations could be discovered in their force, by producing the displacements above mentioned. It expanded with each contraction of the heart, and subsided during the diastole. A bruit de soufflet was heard proceeding from it; although the murmur was limited to the sides, and only heard when the stethoscope was pressed rather firmly against them, and it was not accompanied by any fremitus, or thrill. The swelling, by direct compression, carefully applied, was, in great part, emptied of its contents, and pressure upon the right carotid artery rendered it pale, diminutive, and flaccid, in consequence of syncope, which was also induced by this operation. It was first noticed on the 23rd September, and was then as big as the top of his finger, it subsequently enlarged day by day until it had reached the dimensions above detailed; it had begun with the same softness and compressibility it now possessed, and it had never been hot, nor tender, nor painful, although for a few days before its development, the skin, *in situ*, seemed unusually red.

Having next examined the chest I found the top piece of the sternum dull on percussion, and I heard throughout this space a strong pulsation which was loudest along the superior border, clearly distinct from the cardiac sounds, and most faint towards the region of the heart. No decided bruit de soufflet could be distinguished, but there was near the right sterno clavicular articulation, the modification of sound that often,

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