

testicle. There were symptoms of dyspepsia, with obstinate constipation, which he said were old troubles. He gave a history of having contracted gonorrhœa, but had quite recovered previous to his marriage, 8 years ago, being now the father of three healthy children. During the first two or three weeks after his admission, the indications for treatment were chiefly to correct the disorders of the digestive organs. Microscopic examination of the urine had once detected some pus corpuscles. Thus far the history and symptoms led to a strong suspicion of pyelitis. As the days went on, his complaints of pain were more loud and frequent, and were spoken of as being felt through and through in the lumbar and iliac regions. Seizures approaching collapse, with violent pains about the heart, and dyspnœa were not infrequent. The left iliac fossa became at length the focus of acute pain, with great tenderness on pressure. On assuming the standing posture there was a bulging of the abdominal walls resembling a hernia, yielding dullness on percussion and indistinct fluctuation. No satisfactory examination could be made in the recumbent posture, on account of the overlying bowel, and the excessive tenderness of the part. He could only lie on the left side with the thigh drawn up. Towards the close of August the urine deposited a copious sediment in which pus was once again found; ordinarily it had been normal, as were also pulse and temperature.

On my taking charge, Sept. 1st, it was evident to all that the man was rapidly losing ground, and his appeals for relief by operation were urgent. Feeling conscious, as we did, that the history and symptoms guided to no certain diagnosis, but nevertheless pointed in the direction of a peri-nephritic abscess or a pyo-nephrosis, a nephrotomy was therefore fixed upon, if after examination under chloroform, the operation should appear warrantable. Having engaged the assistance of the gentlemen previously named, we met on the morning of September 3rd, for the purpose of this operation. Examination under the anæsthetic discovered in the left iliac fossa, a large elongated fluctuating tumor, underlying the bowel, and without pulsation. This discovery led at once to the abandonment of the operation first proposed, in favor of a laparotomy. As however, the patient's tolerance of the æther was anything but satisfactory, and preparation for all contingencies had not been made, it was decided to postpone the operation till the morrow. He

came out of the anæsthesia in great distress, the heart's action being very tumultuous, with agonizing pain in left chest, and inexorable orthopnœa. Under repeated hypodermics of morphia, he was kept comparatively quiet during the remainder of the day and the night following.

Sept. 4th at 8 A. M., I was hastily summoned to the hospital, to find that he had been suddenly seized with violent pain in the left chest, with dyspnœa and complete collapse. Vigorous and persistent restorative treatment was of no avail. He died in the early evening.

Autopsy. Sept. 5th, about 20 hours after death. Present, the physicians already named, also Messrs. Handrahan and Dorsey, medical students. Abdominal cavity freely exposed by longitudinal and transverse incisions. All its viscera carefully examined. Both ureters traced to bladder. No observable departure from normal, excepting an ecchymosed and livid appearance of the part of the bowel, and of the external capsule of the left kidney, overlying and contiguous to the livid membrane covering the psoas and iliacus muscles, these membranes forming now the walls of a sac, distended and disorganized almost to bursting. On piercing this sac, there poured out a large volume of grumous fluid of the consistency of gruel. Introducing the hand in search for the boundaries of the sac and source of the fluid, it passed through a mass of firm blood-clots on its way towards the spinal column, where the fingers brought up against denuded and roughened vertebral bodies. The thorax was now fully exposed and explored. Right side normal. Heart and large arteries quite empty. Left lung collapsed, the cavity containing about 2 quarts of fluid and clotted blood, which was scooped out. On dissecting off the aorta, an aneurismal sac was reached in the descending portion of the vessel. Having severed the sac from its attachments, it was found to have spanned the length of 4 dorsal vertibræ, from 8th to 11th inclusive, the bodies of these vertibræ having been excavated to half their depth by the erosive action of the blood current, they, with the intervertebral discs having formed the posterior wall of the aneurism, the discs being but slightly worn away.

A portion of the aorta, about 5 inches in length, with the soft tissues of the aneurism attached, was removed from the body. This specimen, well preserved, now lies before me. It shows the lower end to have been cut off