

the last. The urine had been drawn by catheter and found normal, 2% urea being present.

Post Mortem Examination—six hours after death. Head—Dura Mater thickened and adherent generally to the surface of the brain; Sub-arachnoid fluid in abundance (These are the conditions found in a greater or less degree in most autopsies of the chronic insane). No gross lesion of the brain itself was found. Abdomen—Old peritoneal adhesions were very numerous throughout the abdominal cavity. No fluid present. Kidneys—gross appearance, normal. Liver—51 oz. A typical "nutmeg" liver. Thorax—The right lung was with difficulty removed, old pleuritic adhesions being present everywhere. The lung weighed 30 oz., was very much pigmented and oedematous. To the lower part of the outer surface of the left lung were delicate adhesions as the result of a recent pleurisy. The lung, almost black in color from pigmentation, could not be detached without tearing from a hard mass felt behind. When detached it was found very much atrophied and weighed but 12 oz. Otherwise it was normal.

The heart, viewed in situ, was found slightly enlarged and slightly displaced to the right. Pericardial fluid was normal in quantity.

To avoid injury the heart, thoracic aorta and left lung were removed together, dissecting the artery from the spine from below upwards. The last structure to be divided in the removal were the common carotids and subclavian arteries. They were, when divided, the most dependent portion of the mass as it was held. Immediately a stream of almost pure pus issued from the vessels. Removing the lung two large distinct aneurismal dilations of the thoracic portion of the descending aorta were exposed and it was to these the lung had been so adherent. From a small cut in the upper aneurism pus issued. Enlarging this opening an extensive abscess cavity was found occupying the position between the vessel wall proper and the fibrin deposit, and at the lower part where the deposit was thinnest, and resistance least, the separation between the vessel and the clot was complete, forming a communication between the abscess cavity and the lumen of the artery. It is evident that a large quantity of pus suddenly found entrance to the blood-stream and the coma and speedy death of the patient are