

no pain; in no situation, can a double pulsation, distinct from that of heart, be detected; no appearance of congestion about the face; no turgescence or pulsation of jugulars; pulse 100, soft and full. The urine was examined and found to be perfectly natural; tongue clean; appetite good and bowels regular.

He was ordered a mixture containing stimulating expectorants, and in five days he was quite free from cough and dyspnœa, and the respiration had become natural in the affected portion of the lung. The swelling of the legs, however, remained as before. He was now ordered a combination of muriated tincture of iron, and tincture of digitalis, which completely removed the œdema, and rendered him so much service, that he was enabled to leave the Hospital on the 18th of June, the bruit being still audible to the same extent, and in the same degree as before.

June 28.—He returned to Hospital, complaining of great dyspnœa, palpitations, and general uneasiness. His countenance was anxious, face congested, no turgescence or pulsation in the jugulars. The throbbing and pain before spoken of, was not so distressing as formerly; pulse 88, soft, irregular, but full. He requested to have the mixture of muriated tincture of iron and digitalis, which was accordingly allowed, and in a few days he appeared to regain his former state of convalescence, and was able to walk about. The bruit, however, remained unaffected by treatment.

September 6th.—The dyspnœa is daily increasing; legs are again œdematous. He passes very little urine; it is now albuminous, its specific gravity is 1020²; and it is neutral. From this period until that of his death, which took place on 27th of September, the following changes took place:—A remarkable alteration in the heart's position was noticed, an increase of dulness to the right side, and extending beyond the median line, was found to have occurred since the cardiac region was last examined, and its apex could be felt, and seen pulsating in the epigastrium. These symptoms were accompanied by a bulging forward of the cardiac region. The liver extended downwards for four inches below the ribs, and a few days before death the conjunctiva became slightly jaundiced. Both lungs, but particularly the left one, became the seat of loose crepitating rales, but in addition, the lower and back part of the left side of the chest presented dulness or percussion, and well marked feebleness of respiration. The dropsy of the legs extended upwards to the thighs and abdomen, and both feet became cold and purple, and ultimately gangrenous. In the latter stage, of the disease delirium was almost constant. The bruit de soufflet, pulsation and

pain, along the course of the aorta, ceased a few hours before death.*

Post Mortem Examination, twelve hours after death. On opening the thorax the only visible portion of the heart occupied the mesial line, the left ventricle being covered by the corresponding lung, and that portion which was uncovered, corresponded accurately with the extent of dulness noticed during life. The pericardium was healthy—presented no adhesions, and contained about an ounce and a half of serum. The left ventricle was hypertrophied when slit open, its wall measured one inch and a quarter in thickness—the cavity was a little increased in extent. The right ventricle and both the auricles were natural, and all the valves were in a perfectly healthy condition, and capable of performing their functions.

The œsophagus passed to its destination without being pressed upon, but corresponding to where the left bronchus is related to the aorta there was an evident dilatation of the vessel, and a great deposition of calcareous matter. On slitting up the aorta, the following appearances were disclosed:—From the semilunar valves down to the bifurcation into the iliaes, nearly the whole of the lining membrane was removed, and a strong scaly deposition of bone lined the vessel. In some parts, particularly corresponding to the dilatation before spoken of, this bony structure presented itself in the shape of numerous spiculae about a quarter of an inch long, which protruded into the interior of the artery; the largest collection of these spiculae was found at the commencement of the abdominal portion of the vessel, corresponding to where the bruit de soufflet was loudest, and to where the most acute pain was referred. The vessels springing from the aorta, those of the neck, of the thorax and of the abdominal viscera, as also the iliaes were perfectly healthy in every respect.

* Immediately after this examination, I wrote the following notes, and read them to the students of the hospital, at the time of the post-mortem examination. It will be observed that the diagnosis corresponded pretty closely with the pathological appearances disclosed at the autopsy.

1. Heart pushed to right side, sounds normal, except that there was a slight roughness at the termination of the first sound. 2. Feebleness of respiration without dulness, over upper and front part of left lung. 3. Respiratory murmur and some slight œdematous rale in the left lung posteriorly. 4. Sounds of heart heard extensively over the front of chest on both sides. 5. No thrilling, or absolute increase of cardiac dulness, no friction sound. 6. No abnormal phenomena in the right lung. 7. Urine now albuminous. 8th. Diagnosis, fusiform aneurismal tumour, or dilatation of the aorta, growing from the anterior part of the aorta, occupying the posterior mediastinum, not eroding spine, but pressing forwards almost completely between the lungs, and pressing on bronchus of left lung; no effusion into pericardium sufficient to account for dislocation of the heart. This latter opinion had been entertained by some who examined the case.