

which made him much worse. He continued in this state until the middle of December, when the tumour began visibly to increase,—apparently upwards, backwards, and inwards,—pressing on the œsophagus and trachea; the impulse in it was very strong, but, curious to say, the bruit had totally disappeared from its former situation. The symptom chiefly complained of was the most excruciating pain, shooting from the shoulder up the neck to the back of the head, and down the arm into the hand and fingers, which were numb, and required constant rubbing. He continued much in this state for three weeks, when all his sufferings became more distressing; the trachea was pushed at least an inch from the mesial line to the left side; the tumour also was daily increasing,—its shape was quite defined, and could be seen extending along the clavicle into the post. infr. triangle of the neck; the parietes of the sac appeared to be very thin; his face was of a yellowish pale colour, and haggard looking; the right hand was numb and powerless, wrist swollen, and pulse scarcely perceptible at the left wrist. On the 20th of January, at three o'clock, p.m., while sitting up in bed, he suddenly called for his wife, as he felt he was dying; but before she could reach his bed-side, he had breathed his last. All the morning he said that he felt he was dying. He had no hæmorrhage from either mouth or nose. His wife said that the moment he died all signs of the tumour suddenly disappeared.

Permission being given, a post-mortem examination was made next morning, at twelve o'clock, in the presence of Drs. Smith 23rd R.W. Fusileers, Hassard, &c.; and Drs. Phillips and Going, of London.

When the integument was dissected off both sides of neck and chest, the outline of the tumour immediately became apparent. The platysma, sterno-mastoid, omo-hyoid, and the other thyroid muscles, over the tumour, were pale and flattened, and formed part of its outer-wall. The parietes of the sac were very thin, and in one part, near its apex, seemed disposed to ulcerate. The sac was empty; it occupied the whole of the ant. and post. infr. triangles of the right side, and extended over the thyroid body to the mesial line. When the sternum, with both clavicles, were carefully raised, it was seen to extend beneath the right sterno-clavicular articulation, which formed part of its anterior wall, and was firmly adherent to it, as also the first bone of sternum, the posterior surface of which was partly absorbed. The pouch adhered in part also to the sternal end of first rib; and close to this adhesion there was a small irregular aperture, about three or four inches in diameter, by which the interior of the pouch communicated with the right pleural cavity. This, doubtless, had been the channel of the copious hæmorrhage into the pleural cavity. The posterior third of that cavity contained an immense coagulum of blood, and the remainder was completely filled with serum, which trickled out the moment the sternum was raised. Just above the adhesion to the rib, the