

7. The left pupil was found 2 mm. smaller than the right.

With rest and potassium iodide the pain, hoarseness, and cough disappeared, but even after five months' rest in the hospital there was no essential improvement of the fundamental state. Since 1892 the notes reveal no special addition to this list of symptoms; the ataxic condition, however, became more marked, and the patient's life has been spent mainly in the hospital.

The autopsy was performed at the Royal Victoria Hospital on February the 28th, 1895, the body having been brought from the Home at Longue Pointe on account of the more thorough post-mortem facilities. Upon opening the thorax there was no evidence of absorption of the sternum or ribs; the right lung was very large and full and presented a condition of acute bronchitis; the left lung was not half the size of the right and had a flabby collapsed feel; on section it had a dark collapsed appearance, with some oedema and bronchitis, as in the right lung. The main bronchus was pressed upon by the aortic aneurism, but did not show definite constriction or any sign of perforation.

The aortic arch was seen to be dilated and to have depressed the heart, so that the auricular ventricular groove, at a point just below the origin of the aorta, corresponded to a line joining the upper borders of the fourth chondrocostal articulations. The heart itself was very fatty, and the right ventricular muscle was profoundly infiltrated with fat; the left ventricle was somewhat dilated (as was also the right); the coronaries were dilated and showed patches of fatty degeneration, beginning 2 cm. and 1.5 cm. beyond the origin of the right and left respectively. Immediately above the valves the aorta was already larger than normal (9 cm. in circumference); it rapidly expanded into a general fusiform aneurism, with greatest giving way and some sacculation upwards and backwards beyond the origin of the innominate artery, so that the back wall of the main pouch was formed of the eroded left halves of the fourth, fifth and sixth dorsal vertebrae. The maximum depth of the aneurism at the autopsy was 11 cm. (about 4 inches), its breadth from before backwards was 15 cm. It ended in a line with the under margin of the transverse aorta, the descending aorta being of normal dimensions. Neither in the aneurism itself nor in the dorsal aorta could calcareous plaques be detected, although there were rare fatty patches of fair size. Above and behind, the cavity was filled with dense laminated clot.

Turning now to the more special features of the aneurism it may be pointed out that the aneurism pressed upon and flattened the trachea; the left bronchus, while passing outwards and forwards immediately