pulsative, movable laterally but not vertically. The liver and spleen seemed to be normal, as were also the lungs.

The pulse was regular (80), the radials not sclerosed. The apex was situated in the upper line at the 5th space, and there was a marked diffuse impulse extending from the upper border of the 4th rib, and from the left edge of the sternum to half an inch beyond the nipple line. With this there was a loud apical systolic murmer transmitted to the axilla and a faint murmur at the base. The urine was acid without albumen or sugar.

Upon August 17th Dr. Shepherd made an exploratory laparotomy and found a sessile pulsating tumour, smooth, retroperitoneal and close to the aorta. Upon turning the omentum and intestines to one side, the tumour could be seen and was recognized as an aneurysm of the superior mesenteric artery, of the size of a small hen's egg. Only about ¼ inch of artery of normal calibre intervened between the aorta and the aneurism. Pressure upon the aorta above readily arrested the pulsation of the tumour. The danger of gangrene of the intestines following any operative interference was so great that Dr. Shepherd decided to do nothing, and after irrigation and controlling bleeding points the wound was sutured with silkworm gut and dressed.

The patient recovered well from the operation, though she suffered so much abdominal pain that preparations of opium had to be given. On the 27th the wound was found to present excellent union and the stitches were removed. The pain continued and was most severe. She vomited several times, this condition being eventually relieved by sinapisms and cocaine. On Sept. 3rd there was more marked pulsation to the tumour, which had apparently increased in size. On the 10th her suffering was intense in spite of opiates and the tumour was certainly increased in size. On the 11th she died suddenly. The pallor and collapse pointed to hæmorrhage as the cause of death.

The necropsy was performed the same day by Dr. Finley and revealed :—Aneurism of the superior mesentric with rupture into the peritoneal cavity; aneurism of the right sub-clavian; dissecting aneurism of the abdominal aorta ; hypertrophy of the left ventricle, with chronic intestinal myocarditis ; early interstitial nephritis.

The heart was enlarged, weighing 350 grms.; the wall of the left ventricle greatly thickened, the anterior papillary muscle was transformed into a dense white fibroid mass, in which only a few muscle fibres were recognisable. The mitral valves were somewhat thickened and fibroid, the aortic segment normal. The right coronary artery