

The wall of the sac below the primary orifice was smooth and glistening but somewhat irregular and of a dull red colour, as though pigmented or the seat of considerable post-mortem imbibition.

Several of the lumbar arteries arose from this sac, their primary origins from the aorta being in general closed up and represented by depressions. In addition, the suprarenal arteries and the inferior mesenteric had similar secondary origin, with closure of the aortic orifices.

Apart from the primary and terminal openings there was but one communication of any size between the aorta and the sac. This was round the origin of the right renal artery where there were still the remains of an atheromatous ulcer, indicating the means whereby the communication had become established.

CASE II. (Specimen 18,764 Museum Med. Coll. McGill.)—As already stated a description of this specimen and a history of the case has already been published, but the account in the MONTREAL MEDICAL JOURNAL is brief and incomplete, and through the kindness of the staff of the Montreal General Hospital I have been able to obtain the fuller history and to abstract the post-mortem report.

Mrs. E., aged 43 years, entered the Montreal General Hospital, under Dr. Shepherd, on August, 15th, 1892, complaining of abdominal pain, vomiting, anorexia and progressive emaciation. She was married, the mother of nine children, the last having been born thirteen years previously.

In 1888 she had suffered from rheumatism, and two years later she began to suffer from dyspepsia with palpitations and some loss of flesh. This condition continued without amelioration. Six weeks before admission there developed an aching pain across the abdomen which became progressively worse; it was not increased by eating, nor was it relieved by vomiting. The vomiting bore no relation to food; the vomitus was of a mucoid character. With the development of the abdominal pain she first noticed the presence of a lump in the abdomen, above the navel; this was tender on pressure and had not increased in size since first it was noticed. For the last two weeks before admission she had pain across the back. Upon examination the patient was found emaciated, her mental state was good, her pupils and tongue in good condition. There was, with the pain across the back, some tenderness at the end of the sternum and along the costal margin on the right side. The tumour above mentioned was situated a hand's breadth above the navel and a little to the left of the middle line. It was the size of a small hen's egg, not very tender,