friend came to me in much suffering. The pulse was 96. Tongue clean. Bowels loose, but motions not unhealthy in appearance The pain was now complained of in the back and under the right shoulder. Feeling very uneasy about him, I recommended him at once to see Dr. Andrew, who made a careful examination, and detected a murmur audible below the xiphoid cartilage, and so down to umbilicus, where it ceased. Later in the day this murmur could not be heard.

Towards the evening of Friday, April 21, the suffering of the patient increased fearfully; and Mr. Maunder, who was called in, injected one-fourth of a grain of acetate of morphia into the tissue of the arm. After this a short mitigation of pain took place, with a sensation as if something had given way in the chest; and presently great collapse came on, relieved for a time by an injection of brandy into the rectum, but ultimately fatal at 9.30 p.m., on the 21st.

Dr. Andrew was of opinion that death was due to the rupture of an aneurism. The correctness of this opinion was proved by the post-mortem examination made by Dr. Andrew, Mr. Maunder, and myself on the 23rd.

On opening the abdomen we found nothing worthy of remark; but, on proceeding to open the thorax, blood-stained fluid ran out from the right pleural cavity, and from this cavity was removed a large quantity of this bloody fluid, mixed with clot. Behind the descending part of the aortic arch was felt a solid mass, which on examination proved to be formed by the posterior mediastinum stuffed with clotted blood, and this blood had forced its way down the mediastinum, and must, by its pressure, have been the cause of the pain complained of at the cardiac orifice of the stomach. The parietal pleura on the right side had given way on the spine close above the diaphragm.

Just below the origin of the left subclavian artery was a small aneurismal pouch on the posterior aspect of the aorta, which had ulcerated into the mediastinum and formed a swelling of laminated blood-clot. Just below this was another small aneurismal swelling, which had not ruptured, and was large enough to admit the tip of a finger. The aorta was very atheromatous. The escape of blood in the right pleural sac must have taken place very shortly before death, for certainly on the morning of the 21st there was no evidence of anything like pleuritic effusion on that side. The intensely severe pain during the last few hours of life we thought due to the tension caused by the blood dissecting and forcing its way down the tissues of the posterior mediastinum.

It would not have been easy to have recognised by physical signs during life a small aneurism, not bigger than a small walnut, on the posterior part of the descending thoracic aorta. It is, however, not improbable that the attacks of pain in the limbs which occasionally came on in the winter might have been connected with some pressure-effects of the small aneurism in its early and formative stage.

It is not very uncommon to meet with cases of pain of long standing about the thorax and arms, which eventually proves to be associated with some form of intra-thoracic tumour, causing pressure, and so stretching and irritating certain nerves.—*Med. Times and Gazette.*

Treatment of Diphtheria.—Dr. Cesare Ciattaglia gives an instructive communication on the cure of diphtheria in the *Gazetta Medica di Roma*, which is abstracted in the *Lancet*. For some time he has been successful in treating it with the chlorate of potash internally and the application of the hydrate of chloral to the false membranes. With these he combines a tonic and restorative diet. To children of 3-6 years of age he administers the chlorate of potash in doses varying from 10-15 grammes a day dissolved in 140 of water; while the hydrate of chloral, in the proportion of 4 grammes of the hydrate dissolved in 20 grammes of glycerine, is painted over the diphtheritic patches three or four times a day. For adults the dose of the chlorate of potash is 20 grammes (300 grains). Dr. Ciattaglia points out the certainty with which the application of glycerine solution of hydrate of chloral arrests the progress of the formation of the false membranes. He disclaims any pretension to originality in the nature of the above remedies, since the chlorate of potash was introduced by Vogel, and Ferrini suggested the use of the hydrate of chloral dissolved in glycerine.—*Lancet.*