

of the whole of the coats of the artery; no fibrine was deposited within it. The sac of the tumour was now opened, and within was found a large and recent clot, somewhat laminated in its more external part, but all containing abundantly the colouring matter of the blood and of a soft consistence. It had the colour of black currant jelly. The anterior parietes of the sac were formed of the ribs which were extensively eroded, also part of the sternum and the external fascia and integuments. The remaining parts of the sac appeared to be formed wholly of the mediastinal pleuræ except at the point where the opening from the aorta existed, at which point the pericardium contributed to its formation. On carefully removing the soft dark clot, and washing out the sac with water, the ruptured sac, corresponding with the dilatation of the aorta, was seen much thickened by concentric deposition of fibrine of a light yellow colour.

It thus appeared that a true aneurismal dilatation of the aorta had existed in the first part of its course, that the sac of the pericardium had been obliterated by adhesive inflammation, and the ribs and sternum eroded, that the aneurismal sac had then burst into the anterior mediastium, which limited the flow of blood, and prevented it from proving instantly fatal. It was conjectured from the man's account of himself that the rupture of the true aneurismal sac dated from the period when he first observed it growing very rapidly larger, that is about six weeks.

The case will perhaps be thought interesting, as it illustrates the fact that we may have an immense aneurismal sac connected with the aorta even close to the heart, and yet, no thrill, no murmur, no signs of pressure even the pulsation not being at all so well marked as one would expect from its size and situation. A preparation of the parts is in the McGill College anatomical museum.

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*Fibrinous Polypi in the Right Heart, accompanied with Tricuspid Regurgitation in a case of Double Pneumonia. Death, autopsy.* By D. M'GILLIVRAY, M.D., attending physician to the County of Carleton General Protestant Hospital, Ottawa.

Benjamin Isbester, aged 37, a native of Orkney, tall, well-proportioned, large muscular system, wasted, but cannot be said to be particularly thin. Complexion fair, features indicating Scandinavian origin, and by trade a tailor. During a period of ten months previous to his admission into the hospital, he experienced pain in the region of the heart, but was able to continue at his trade until lately, when he got so ill that he was obliged to give up work, and, being an emigrant without friends or home,