such cases the presence of hemorrhage is considered of diagnostic importance, Dr. Gairdner of Glasgow holding that he would not consider the hemorrhagic discharges of a person affected with aneurism as indicating the communication of the sac with the mucous membrane, although it generally did so, when hæmoptysis occurred, if the aneurism pressed on the trachea, and if it were accompanied with indications of pulmonary change of structure. Dr. Gibson of London states that in one-fourth of the cases he has collected of aneurism of the descending aorta, there were present both hæmoptysis and stridulous breathing. In the present case no hæmoptysis had taken plaee, and the immediate cause of death pointed to cerebral embolism and paralysis. The absence of many of the important indications of thoracic pressure may be accounted for by the increased thoracic capacity, the result of costal and sternal erosion, thus affording considerable additional space for pulmonary expansion, and at the same time, not in any remarkable manner, retarding cardiac or pulmonary circulation. Throughout, the temperature was normal, thus illustrating that systemic absorption, as well as blood-making power, were not apparently defective. The cerebral functions were not in any way interrupted prior to the occurrence of the last act of vitality. The retina exhibited no indications of disturbed circulation. The jugulars were not unduly dilated, nor even excessive fulness in the supra sternal notch. Of the remarkable accommodating powers of the system, even during the existence of organic disease, we have frequent evidence in the great cavities of the body, hence the necessity of rigid examination under all circumstances.