

physical signs unaltered, but breathing less laryngeal and thought to be dullness on both sides behind and at the bases of the lung.

*March 23rd.*—Died at midnight apparently of asthenia. The breathing for some hours before was remarkably clear and he took a good deal of nourishment during the day.

*Autopsy.*—15 hours after death—Aneurism. Opening the thorax, the first object visible was a large tumour situated at the root of the neck, and for the most part on the left side of the sternum. This was found, on close examination, to be an aneurismal sac developed from the upper part and centre of the arch of the aorta. Strong attachments had taken place between it and the surrounding parts. The trachea, œsophagus, thoracic duct, left pneumogastric nerve and left recurrent laryngeal nerve were so involved as to need most careful dissection for their separation. The tumour was about the size of the adult heart, weighed six and a half ounces, and measured transversely twelve inches, and longitudinally fourteen inches in circumference. It was filled with strong, beautifully lamellated fibrine, which was with great difficulty removed; and indeed, in places, it required the most careful handling to prevent the coats of the sac from being torn away along with the firmly adherent fibrine.

The calibre of the trachea and left bronchus was found to be considerably encroached upon by the pressure of the sac. The arteria innominata appeared to arise from the middle of the right side, and the left carotid and subclavian from almost the summit of the aneurism.

*Heart.*—Slight hypertrophy, but valves sound. Right ventricle filled with a large clot.

*Lungs.*—Consolidation of both lower lobes, but no collapse; other internal organs congested.

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*Abscess of the Cerebellum, following Otitis produced by injury to the head.* Under care of J. M. DRAKE, M.D., Professor of Clinical Medicine, McGill University. Reported by T. G. Roddick, M.D., Assistant House Surgeon Montreal General Hospital.

William Williamson, æt 23, a native of England, was admitted into the Montreal General Hospital, under Dr. Drake, on the 2nd of April, 1869, suffering from most excruciating earache with an abscess over the left mastoid bone.

*History.*—He had been a sailor up to two years ago, about which time while at sea, he quarrelled with his captain, and was struck by him with the sharp end of a marline spike just above and a little behind the left