stertorous, face and nose bathed in offensive Perspiration. At 6 p. m. the pulse was 140. Passes water in the bed, quantity not ascertainable.

May 4th.—Died at 5 o'clock this morning.

The *post-mortem* examination revealed nothing of interest in the thoracic cavity. The abdomen was filled with ascitic fluid stained with bile, but nothing like so deeply tinged as that obtained on tapping. The umbilical hernia was pinched and deeply congested but not lustreless nor lymphy, a knuckle of bowel 2½ inches in length being contained in the sac, the neck of which was constricted, being just large enough to admit the point of the forefinger. The parietal peritoneum opposite injected. The uterus was the seat of extensive fibroid growth projecting into the abdominal cavity. One of these of large size was found at the fundus, projecting so far upwards that a tape line stretched from the attachment of one Fallopian tube over the fundus to that of the other tube gave a measurement of 10 inches. A second myomatous mass 5½ inches in circumference projected forwards and outwards immediately to the right of the mesial line and opposite the attachment of the Fallopian tube; a third outwards, a little lower down on the opposite side; and a fourth backwards and outwards on the back of the neck to the right side. The extreme length of the uterus in the longitudinal direction was 7½ inches; its circumference opposite the Fallopian tubes 13½ inches. The left ovary was normal. The right had almost disappeared, and there presented at its upper and outer part (in the parovarium?) a cyst the size of a small orange, apparently unilocular and nearly full of a semi-transparent fluid. Its greatest circumference was 7½ inches, and in a transverse direction 6 inches. At its base was a smaller cyst about the size of a large bean, tenser than the former, and apparently multilocular or containing solid as well as fluid matter. The liver was small, hard and contracted, yellowish white in colour, granular, and extremely fatty. Other organs macroscopically healthy.

M. Béchamp says that he has discovered living organisms in the gastric juice similar to the microzymes of the pancreas and liver. M. Gautier denies that these are living organisms, and states that they are merely protoplasmic granulations.—*L'Union Méd.*

A CASE OF ANEURISM OF THE THORACIC AORTA. RUPTURE INTO THE LUNG AND PLEURAL CAVITY.

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G. A——, aged 48 years; residence, Toronto. Admitted January 25th, 1882. Patient has served seven years in the English Army.

FAMILY HISTORY.—Father died of old age. Mother living. He has three brothers and two sisters living. No history of lung trouble in the family. According to his own statement he was a strong healthy man up to the commencement of the present illness.

The present illness would seem to have originated in a bad cold which he contracted while working on a railroad. At that time he had no pain and very little cough. Three weeks ago he had a severe pain in the left side which lasted about a week. He has noticed that during the past month his voice has been gradually becoming weaker. He now speaks quite hoarsely. He complains at present of pain in the left side, on moving or coughing, with slight difficulty of breathing. The loss of voice has increased very much during the last two or three days. Appetite poor; bowels somewhat constipated. Urine normal in quantity and quality. Pulse 76, respiration 24, temperature 98. On physical examination of the chest the following conditions were found: Absence of vocal fremitus over the lower half of left side. Increased vocal fremitus over the right side. Dulness amounting to flatness over the lower two-thirds of the posterior aspect of chest. Increased resonance on the right side. Total absence of breathing and voice sounds over the lower two-thirds of chest. They were more distinct in the upper part, both in front and behind. No adventitious sound or aneurismal bruit was heard, although a careful examination was made. The diagnosis made at the time was chronic pleurisy, although some signs, such as the loss of voice, could not in this way be accounted for, and the patient appeared weaker and more ill than one would expect from such a lesion; especially as it did not appear from the examination that a very large amount of fluid existed in the side.

The treatment adopted was potass iodid. and