

I may add that no uterine disturbance has ensued; and that the calculations of the patient now agree with physical signs, confirming my opinion that she was between four and five months gone when the abortion was attempted.

Toronto, November, 1869.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Aneurism of the arteria innominata and descending portion of the arch of the Aorta. Under the care of J. M. DRAKE, M.D., Professor of Clinical Medicine McGill University Reported by Mr. JNO. BACKHOUSE.

William Blanchard, aged 31 years, a coachman, was admitted into the Montreal General Hospital, August 5th, 1869, under care of Dr. Drake.

He complained of weakness, pain across the upper part of the chest dry cough, and a little difficulty of breathing.

August 6th.—*History.*—On the 13th of April last, he consulted Dr. Drake, complaining of weakness, slight headache and dry cough. Dr. Drake ascertained that he had had secondary Syphilis in 1859; observed contraction of the right pupil. He then examined his chest and found slight dullness in the first intercostal space on the right side of the sternum, and on listening with the stethoscope heard very slight *bruit de soufflet*. Suspected aneurism of the arch of the Aorta, and prescribed Potass. Iodid. grs. x, three times a day.

May 6th.—Dullness more marked, *bruit de soufflet* distinctly heard, very slight bulging of the chest wall, pulsation of tumor marked. Prescribed Potass. Iodid. grs. xx, three times a day.

July 5th.—Pulsation of tumor not so marked as when last examined. The *bruit* is distinctly heard after the second sound of the heart. Has had a cough for some time; voice has considerably altered. Cannot feel any pulsation in right common carotid artery; in its place there seems to be a round cord. Has slight difficulty in swallowing. Pulse in both radials is alike. The following prescription ordered:

R. Potass Iodidi 3 iv.; Extracti Pruni Virginiani, flā. f 3 iv.; Aquæ ad. ʒvi. A table spoonful three times a day.

Aug. 5th.—Was carefully examined again. The first intercostal space is now pressed forwards, being convex from above downwards and from side to side, over a space extending from sternum to two and a half inches to the right, and from upper border of second rib to clavicle. Over this space there is marked dullness, breathing absent, but vesicular