

almost necessarily the absence of bruit and thrill, although the physical conditions necessary for their production may be present. It is likely a tumor of some kind, (probably aneurismal) implicates the arch of the aorta, the recurrent nerve, and left bronchus, and thus produces the aphonia, the unequal force of the pulse in opposite radials, the weak inspiration, &c., &c., in the left lung; the bruit, which ought to be present on such a supposition, being absent, as before stated, from weakness of the impelling organ. We are unable to suggest any improvement in your mode of treatment."

For the next five days, life was sustained by stimulants, jellies, beef tea, &c. A day or two before his death, on the 17th instant, Dr. Barrett and myself detected extensive dullness over the cardiac region, and upper part of the left side of the thorax, which, with other signs, induced us to diagnose effusion into the pericardium; the weakness of the patient, however, rendered a complete and accurate examination impracticable.

*Section cadaveris* 36 hours after death.—Present: Drs. Crawford, Howard, Barrett and myself.

The head was not opened.

*Chest*.—On opening this cavity the right lung was found healthy and free; the left was also healthy but hidden and compressed by a greatly distended pericardium; the left pleural cavity was obliterated by firm adhesions. The pericardium contained about three quarts of blood which had separated into clot and serum, and the whole of its serous lining was covered with recent deposits of lymph, mingled with coagula:—The muscular structure of the heart was pale, soft and flabby, and extremely attenuated—indeed the atrophy of the walls of the ventricles, was sufficient to induce me to attribute their non-rupture to a conservative layer of fibrine and coagulum, which enveloped the whole heart, and at some points blended with its fibres, presenting a uniform thick covering averaging, in depth, half an inch.—Both coronary arteries had degenerated greatly from the natural standard, and in the left or anterior coronary a small aperture was visible, and to which source the hemorrhage must be ascribed, as no rent could be detected in the auricles or ventricles.—The latter cavities were filled more or less with coagulum, their orifices and valves were healthy, with the exception of slight thickening of the mitral and tricuspid valves.—The aorta and its valves were healthy likewise, excepting a few small opaque spots on the interior of its arch.

A hard tumour, the size of a pigeon's egg was situated between, and adhered closely to, the opposing surfaces of the arch of the aorta, and the bifurcations of the trachea, and over which the left recurrent nerve courses. I regret my inability to describe minutely this tumour, as it