versely across the sternal region, the shorter axis extending between the third and sixth ribs. It extends nearly an equal distance right and left of the mid-sternum. The integument covering it is healthy in appearance, though somewhat reddened, which he attributes to the application of poultices he used before his admission. The intercostal spaces between the second, third, fourth, fifth, and sixth ribs appear considerably widened at the margin of the tumour; neither ribs nor sternum can be felt over the tumour. The ensiform cartilage can be felt about two inches below the lower margin of the tumour. The apex of the heart is displaced about two inches to the left of its normal situation. Pulsation synchronous with the heart's action is very evident over the whole surface of the tumour. The impulse, however, is neither forcible nor jerking, but conveys the impression that it is communicated through a fluid or semi-fluid substance. There is no thrill, and on applying the stethoscope not the slightest trace of "bruit" can be detected in it. The heart sounds at the apex are perfectly normal, a slight bruit is heard with the first sound at the third left costal cartilage and also at the right second costal cartilage. At the back about the fifth or sixth dorsal vertebra a systolic bruit de souffle (quite single) is very distinctly heard.

The lungs appear healthy. There is no history of pleurisy. The tumour is very tender, and its contents appear to be fluid or semi-fluid to the touch.

14*th July.*—Complains of severe pain in left side, which was relieved by the application of sinapisms. Pulse 115. He continues the same in other respects, and is suffering so much that it is almost impossible to make any further examination. From this date his strength rapidly failed, and he died on the afternoon of the 22rd July. The immediate cause of death appeared to be syncope.

Sectio cadaveris.—On opening the pericardium the heart was found to be slightly adherent over its whole surface to the pericardium by a thin layer of *recent* lymph. The adhesions were very readily separated by the finger. All the valves were perfectly healthy and capable of performing their functions. The cavities were nearly empty. The right auricle and the ascending part of the aorta could not be separated from a large tumour which existed in the situation of the anterior mediastinum. The sac of the pericardium in this situation was therefore of course obliterated. On slitting up the aorta two large dilatations were observed in the situation of two of the sinuses of Valsalva, one of which had burst in to the anterior mediastinum by an opening about the size of a half crown. The edges of the opening were puckered but perfectly smooth. The other dilatation would have held a large walnut; its walls were thin and formed