

third, fourth, and fifth dorsal vertebræ. I then cut away a large portion of the lungs from the central mass, and with very great difficulty succeeded in separating the latter from its attachment to the backbone. The anterior surfaces of the vertebræ mentioned were extensively eroded, the portions of the bodies remaining being rough and irregular. The mass removed consisted of the heart, great vessels, a portion of each lung, and an aneurismal tumour, involving a part of the left lung, and containing a firm laminated clot of the size of a goose's egg. In the thoracic portion of the aorta, at its commencement, just beyond the giving off of the left subclavian artery, were found two openings with everted edges, one about the size of a quarter dollar, and the other of a ten-cent piece. The edges of both were smooth, even, and fairly everted. The largest opening, which is also that nearest the heart, lay over the ulcerated portion of the spine, looking backwards and to the right, whilst the latter, the smaller, communicated with the space before referred to as containing the clot, and which is situated in the structure of the left lung. The lung tissue in the neighbourhood was condensed, and the bronchial glands were much hypertrophied. On the internal surface of the aorta were several bony plates extending almost continuously along its floor for about two inches. One segment of the aortic sigmoid valves presented a small bony growth, and was somewhat puckered, preventing entire closure of the orifice. The mitral valve was somewhat, but not markedly thickened. The other valves were healthy. The other viscera examined were apparently normal.

There are a few points connected with this case upon which I would like to say a few words. *First*, The absence of all symptoms generally referable to intra-thoracic pressure—this, I think, is satisfactorily accounted for by the *situation* of the tumour—being placed *beyond* the point of contact of the left recurrent nerve, this latter escaped pressure, and we had no laryngeal symptoms. In like manner, the trachea, œsophagus, sympathetic nerve, and bronchi were left uncompressed, and the signs which would necessarily have resulted from interference with any of these were wanting. *Secondly*, The fact that alteration of posture did not produce any alterative in the existent pain—a sign so valuable in assisting the diagnosis of an obscure case of aneurism. It seems to me that the aneurism in this case being a *false* aneurism—the sac consisting of areolar tissue surrounding the aorta—it would not be as freely *moveable* as if it had been a true aneurism, contained within the attenuated coats of the vessel itself, for then the aneurism would have had the capability of moving with the aorta during changes of posture, which movements would necessarily