

appearance and amounting to fully a pint-and-a-half, which was brought off very quickly. He suffered much from cough, lost flesh, became very weak, and sank gradually but uniformly; his voice was reduced to a whisper, he wandered occasionally, spoke very seldom, and was regardless of external things, and in this state he remained until the spark of life went out on the 9th Feb., 1855. I am informed, that for some time before his death no pulsation could be felt in the left carotid or radial arteries. There had been no return of the hæmorrhage.

Section Cadaveris a few hours after death—weather very cold. On carefully raising the sternum, a large tumor was exposed, situated between the base of the heart and the aorta, and considerably overlapped by the left lung, which was bound to it by pleuritic adhesion. Upper lobe of both lungs the seat of numerous crude and softening tubercles and small cavities. Complete adhesion of opposed surfaces of pericardium of long standing. Eccentric hypertrophy of the heart; walls of left ventricle much thicker, and its capacity greater than natural. Mitral valve healthy. Aortic segments thickened, and one of them the seat of cretaceous deposit. Aortic orifice not dilated. Right ventricular walls also increased in thickness.

A globular aneurismal tumor, about the size of a very large orange, springs from the under-surface of the aortic arch and is formed partly by dilated coats of the vessels, and small portion of the 2nd rib in a state of caries (?) but chiefly by the thickened and condensed thoracic fascia and adjacent cellular tissue and pleural membrane: the left lung is much compressed by it. On laying open the tumour and removing a large mass of fibrin which seemed to fill it, and which had a stratiform and concentric arrangement, the sac was found to communicate with the aorta through a large elliptical opening, having a long diameter of 2 inches and a short one of $1\frac{1}{4}$ inch, and well defined and tolerably regular edges somewhat studded with calcareous matter. It was lined by a smooth membrane continuous with the internal coat of the artery. The communication was situated in the concavity of the arch, rather anterior, and opposite the origin of arteria innominata. The entire arch of the aorta from the sinuses, to where it becomes "descending" was dilated to at least three times its usual calibre; its coats were rigid and inelastic, and were upon the inner surface almost universally covered with large cretaceous plates, the edges of some of which projected into the cavity of the vessel. The interior of the vessel was very rough immediately above the semi-lunar valves. About an inch to the left of the above aneurismal opening, there was another about the size of a half-crown, circular, with defined but rather rough edges, occupying the under surface also of the arch, and