

of the left nipple. The central and deepest portion of the tumor externally would be indicated by a line drawn vertically downwards from the right sterno-clavicular articulation. Pulsation was felt distinctly over the whole tumor equally. There was no particular pain in the tumor, and the patient moved about as usual and presented no physiognomical indications of distress. The voice was natural, and, in general, the thoracic functions were performed with surprising regularity.

*July 15th, '85.*—Retired to rest as well as usual under the circumstances, and in a few moments afterwards suddenly arose from his bed with a sense of impending suffocation and almost immediately became unconscious, breathing heavily and with great difficulty, and, continuing in that condition until 10 a.m. the following day, expired.

*Sectio cadaveris*, twenty-four hours after death.—*Thorax*: After death the tumor became somewhat flaccid. In reflecting back the skin, the covering of the tumor was found to be formed by the pectoralis muscle and thickened cellular tissue, and fully several inches of the 3rd, 4th and 5th ribs, and of the right side of the sternum, were eroded, this space leading to the cavity of an aneurism, involving a considerable portion of the ascending and transverse aorta. The sac contained laminated coagula, which formed a layer more than an inch in thickness, and externally were observed loose clots of the consistence and color of ordinary currant jelly. The aorta was decidedly atheromatous, and the semilunar valves were thickened, incompetent, and semi-cartilaginous, thus accounting for the murmurs. The heart large and hypertrophied. Right chambers distended with blood. Left ventricle large; walls thicker than normal. On the right side of chest there were extensive pleuritic adhesions.

Within the past few years much attention has been directed to the occurrence of laryngeal symptoms,—such as laryngeal paralysis,—and also to inequality of the pupils, as important indications of the presence of aneurismal thoracic tumors. In the present instance, the physical signs were well defined and the tumor unusually large, and yet a very limited degree of either laryngeal complications or inequality of the pupils. In