

about the point of union of its ascending and transverse divisions. A much larger pouch occupies the posterior aspect of the ascending portion. The circumference of the vessel at this pouch is nine inches. The great vessels arising from the arch are normal; as are the aortic valves. The heart is affected with considerable eccentric hypertrophy.

The notes of Case No. 2, I will read as they were taken.

CASE No. 2.—Aged 63, a tall man 6ft. 1in. in height, was examined by me some time ago (10 or 12 years ago he says,) and pronounced to have disease of the heart, and warned not to over-exert or otherwise expose himself.

Last night, October 17, 1871, about 10 o'clock, while sitting and conversing, he was suddenly seized with violent pain at mid-sternum, extending to inter-scapular region, and soon down both arms; he felt faint and unable to breathe, and thought himself about to die. The pain in a milder degree continued most of the night, and about 5 a.m. of the 18th, his daughter called upon me to relate the above.

I visited him at 1.30 p.m. on that day, and found him in bed and relieved of the pain, although soreness remained. The external jugulars on both sides much distended and large; not pulsating—the visible area of cardiac pulsation not increased, indeed cardiac pulsation not marked; and apex beat not easily felt—it falls within vertical line of left nipple—impulse not strong.

Dullness on percussion marked along upper sternal region from 4th rib upwards, and for a full inch to right of sternum from the base of the heart to first right inter-costal space—does not extend to left of sternum. Indistinct systolic, but no diastolic murmur audible from xyphoid cartilage up to level of 4th inter-costal space. Here systolic murmur is rather louder, muffling the 1st sound, and ending in a short 2nd sound which is free from murmur.

The systolic murmur is single to the level of 3rd right cartilage, and then it is replaced by a double murmur which is audible chiefly along right border, and to outside of that border of sternum, from 3rd rib to upper border of 2nd. its point of maximum loudness being at level of 2nd interspace, and just outside right border of sternum. No pulsation to be felt over the centre of dullness, and double bruit. The murmur is peculiar, somewhat sharp and high pitched, both parts somewhat alike, but sufficiently unlike to be differentiated.

Murmur not transmitted up innomina or carotids. Episternal pit allows finger to become conscious of pressure of aortic arch,