

so that evidently this patient had both a simple calculus and renal tuberculosis. The condition is clinically, of course, of interest because the passing of the stone alone might be considered sufficient for a diagnosis, and the tuberculosis might go on till it was too late to think of anything to relieve the condition.

The next case is that of a man, aged 73, who died suddenly in the hospital, his reason for entry being a cancer of the stomach. He gave a history of a rather acutely developed dyspepsia a year ago, which had persisted ever since. There was progressive emaciation, pain after eating and much distress, but no vomiting up to time of admission to hospital. This, however, is of course not uncommon in cancer of the stomach. Examination showed a mass situated in the neighbourhood of the pylorus or gall bladder; further a marked emphysema and bronchitis arterial sclerosis; examination of heart showed some enlargement; sounds distant but a systolic murmur could be heard at the apex, not transmitted very far in any direction. A slight trace of albumin was found in the urine. After three or four days, when apparently quite comfortable, he sat up in bed to ask for something, and dropped over dead. The autopsy showed a condition of carcinoma of the stomach, as was suspected, and with that a very marked arterial sclerosis, myocarditis, with dilatation of the heart and a *ball thrombus situated over the aortic valves, probably an ante-mortem thrombus, irregular in outline, not very spherical, but situated in such a way that it had obstructed the coronary artery for a sufficient length of time to cause the fatal result.* Whether or not that was the cause of death, it is hard to say. The coronary arteries themselves seemed patent at the orifices.

A ball thrombus is not usually situated in that region; they are usually found in the auricle, or at the apex of the ventricle. Those in the auricle which cause death are usually oval in shape, and they make their way sufficiently far into the auricular orifice to cause fatal results. It is difficult to say how a thrombus could have formed here, and why it should not have been broken up. What constitutes a ball thrombus is the combination of free mobility of a clot in the orifice, and one so imprisoned that it could not get into the next orifice met with in the course of the circulation.

DR. HAMILTON: I saw this case at autopsy, and it occurred to me that it was impossible to explain why a clot of such size did not follow the course of the artery borne on by the aortic blood stream, and thinking over the matter, it would appear that possibly at the time of death, or immediately before that, this clot was displaced from its site of origin, and after that it may have occluded the coronary artery.

DR. ARCHIBALD: The first case is certainly a very interesting one,