verse portion of the aorta, and as I showed recently to the Society, in a case of aneurysm of this nature, dilation of the transverse arch does undoubtedly lead easily to the production of this sign and accomplishes this by pressing upon the lower end of the trachea and the the left bronchus as this passes underneath the arch. In the case before us there was no aneurysm of the transverse arch, and further there was no adhesion of the aneurysm of the ascending portion to either trachea or bronchus, and yet there was at least two years history of distinct tracheal tugging obtainable. The motion of the larynx and trachea must have, it seems to me, been brought about by the downward pressure of the large aneurysmal sac upon the lungs and smaller bronchi with each distension of the sac following upon the heart-beat. This case teaches us, therefore, to recognize that tracheal tugging may be a sign of aneurysm of the ascending aorta as well as one of aneurysm of the transverse arch.

4. As to the termination of this case.—External rupture is one of the more uncommon terminations of a thoracic aneurysm. According to Crisp's Tables this occurred six times in 136 cases of aneurysm of the ascending arch which he found recorded.