

*Oeriel: Causes of Death.*

ture situated in the long axis of the vessel, and communicating with the posterior mediastinum and right pleural cavity was found. (Fig. 8). This rent went completely through the intima and media to the adventitia, where a small dissecting aneurysm had formed, which had ruptured.

The question arises, in all of these three cases, why rupture occurred at a particular time. In the first case, this may be somewhat easier to answer, for the reason that the patient considered himself well and was about to leave the hospital. It may be that physical effort in his preparations for departure precipitated the fatal issue. The other two cases, however, occurred apparently when the patients were far from even making ordinary physical efforts. They were, however, not observed during that time, and it may be possible that the ruptures occurred really not while they were asleep, but after their awakening, and during a possible effort to leave the bed.

CASE IV. Man, well developed, described as apparently healthy, sixty-four years old, who had been an inmate of the City Home (alms house), and had been seen to become suddenly pale and fall over. He was dead immediately. In this case no clinical diagnosis could be attempted.

At autopsy the pericardium was distended with fluid and recently clotted, dark red blood. A clot weighing 300 grammes was removed from it. On lifting the heart, the left ventricle presented an irregular rupture, 1 by 1.5 centimetre in length along its lateral aspect. This was surrounded, partly slightly posteriorly and more anteriorly, by an irregular necrotic (infarcted) area, about 1 by 1.5 centimetre in diameter (Fig 9). The upper part of the anterior coronary artery, which was very sclerotic, contained a recent, but firmly adhering thrombus, while lower in its course there existed a complete obliterating endarteritis. Further dissection disclosed marked general arteriosclerosis, healed calcareous tubercles in the upper lobe of the right lung, extensive caseating tuberculosis in the upper lobe of the left lung, right hydrothorax, pleurisy with effusion on the left side, and cyanotic induration of liver, spleen, and kidneys.

This case presents many points of interest: In the first place, the immediate cause of the sudden