

on examination of the chest nothing could be made out but bronchitic sounds and the transmitted laryngeal breathing. He was ordered hot stupes over the chest front and rear with 2 oz. brandy and the following:—

℞ Potass Bicarb ʒ ij. Ext Senegæ Fld ʒ i. Vin Ipecac ʒ iij. Aquæ ad ʒ vi.

Sig. A tablespoonful every three hours.

*History.* He declares he had never been ill until a short time before the past Christmas, when while engaged in some lumbering operation he had a fit in which he partially lost consciousness and on recovery found the right arm paralyzed. He was removed to a neighbouring shanty, and in a couple of days felt sufficiently recovered to undertake a journey home of some forty or fifty miles. Ever since then he has been very much troubled with a cough and continuous pain in the left back and shoulder. He has also lost strength and flesh rapidly and his voice has become altered and gradually hoarse. About three days before admission the laryngeal difficulty set in and has rapidly increased. His family are remarkably healthy and as far as he knows are all living. It may be noticed here that all the fingers present the clubbed appearance, but this he says has been constant since he remembers. He has been accustomed to do heavy liftings, but could always perform a man's work up to the date of the fit.

*March 20th, noon.*—Has slept none all night and can only rest with the body erect or leaning forward. Only one dose of the medicine ordered last evening has been taken owing to the great difficulty in swallowing and the tendency to spasm on the slightest movement of the muscles of deglutition and of the larynx. On examination the following were the physical signs in the chest:—respiratory sounds very weak on the left side, but exaggerated on right; vocal resonance and fremitus nil on the left side. On percussion a dull space two inches square, situated over the left sterno-clavicular articulation, was readily discovered. It extended for a distance of two inches along the clavicle, and about an inch and a-half down the chest. A very great impulse with well marked systolic bruit were also noticed over the same space, transmitted along the vessels of both sides, but soon becoming faint as you receded from the spot. The pupils were found of unequal size, the right being nearly twice the size of the left. The tendons of the sterno-mastoid muscle appeared unsymmetrical, the left being with some difficulty made out, and looking as though ruptured. The trachea was noticed to lean to the right of the median line as if pushed aside by some body at the root of the neck. With these data a diagnosis of aneurism of the arch was made in preference to cancer or tubercular consolidation of the left lung which were thought of.