interfere with the flow of blood through the vessels which rise from the left portion of that arch. This compression of the left bronchus preventing the admission of the normal amount of air to the left lung, accounts for the relative persistent weakness of the respiratory sounds universally over that lung, the deficient expansive movement, and the contraction of that side of the chest, without dulness on percussion. It is probable, too, that both the tumor and the enlarged heart may act in producing these evidences of internal pressure, by compressing the lung itself; and this seems the more probable, from the fact, that these evidences are strongest over the lower part of the lung, the part most exposed to such compression; but this admission, you will perceive, does not at all weaken the argument in favor of the existence of a tumor about the arch of the aorta and root of the lung. The existence of paroxysmal laryngeal cough, the hoarse raucous laryngeal voice, and the sense of difficulty in the trachea, without any detectable disease of the larynx, strongly favor the idea of tumor stretching, compressing, or irritating the left recurrent nerve, which, from its anatomical distribution must almost necessarily be affected by a tumor, situated as I suppose this to be.

But why consider the tumor aneurismal? For several reasons. 1st, Because that is by far the most frequent kind of intra-thoracic tumor. It is an important principle, generally acted on in the diagnosis between diseased conditions productive of similar signs and symptoms, to decide in favor of that one which is confessedly the most common. Aneurism, is admitted by most pathologists, to be more frequently met with in the chest than either malignant tumor (which is perhaps the next in order of frequency), or any other form of simple tumor. 2ndly, The situation of the tumor—the arch of the aorta—is one in which aneurism is more often observed than any other tumor, not excepting enlarged bronchial glands. 3rdly, It seems much more probable that an aneurismal dilatation (true or false) of the aorta itself would, while it compressed the left bronchus and recurrent nerve, also interfere with the current of blood in both the left carotid and subclavian, than that a tumor external to that vessel would do so. Lastly, the advanced age and the sex of the patient, the absence of expectoration resembling currant jelly, of œdema of the arm and side of the chest, corresponding to the side occupied by the tumor, and of any malignant cachexia, and the severity and course of the pain, felt chiefly in the spine of the scapula, and in the interscapular region, but occasionally extending down the left arm to the elbow and fingers, all favor the idea of aneurism rather than of cancerous or other kind of tumor.

The existence, then, of aneurism of the aortic arch is rendered very