experience with Ether, prefers it as the safest agent, although, in my opinion, it has been hitherto but imperfectly used.

The use of the inhaler I have devised, completely obviates all difficulties, and renders the use of Ether, as an anaesthetic, applicable to all operations, whether large or small, and also applicable to all ages, with the incalculable advantage of offering the greatest security that can be given by any of the anaesthetics known at the present day.

As to the matter of cost, about 2 oz. of Ether suffice (by the inhaler), whereas a ½ pint is frequently used otherwise. The Ether, if anhydrous, and S. G. of 720, may be made from mythelated spirit. Care should be taken in all cases to ascertain its being correct and of the purest quality.

ART. XIV.—Case of Thoracic Aneurism (false sacculated of third stage of Arch of Aorta); Death from Rupture into Esophagus.
By Surgeon-Major Chartres, M.A., M.D. (Dub.), 8th Hussars.

Having already published in the Dublin Quarterly Journal for February and August, 1871, particulars of two interesting cases of thoracic aneurism, I am now desirous of recording a concise account of a third, which has recently occurred in my practice. The subject of it, in marked contrast with the former ones, was a stout, hearty-looking, and apparently healthy man, full of life, who during the course of the complaint had not suffered from mental depression, lancinating, or, in fact, other pain, or dyspnoea to any marked extent. He had, however, the usual syphilitic as well as a rheumatic history, and fat was deposited in excess upon all available regions of the body.

The signs which led to an early diagnosis of the disease were those depending upon the effects of pressure by the tumour upon the vagus nerve, the oesophagus, and the left bronchus. The feebleness of pulsation in left carotid arteries during life was regarded as a most important diagnostic sign, and verified by many who saw the case; however, no direct cause for it in the locality or site of the aneurism was discoverable at the examination after death. The following is a brief outline of the case and its autopsy, viz.:

Tropp Sergeant-Major William Black, 8th Hussars, aged thirty-two years; twelve years' service; never abroad; unmarried;
admitted into hospital on the 8th September, 1872; a bloated-looking, fat man, a free liver, with a clear rheumatic and syphilitic history; never mercurialized. Had been apparently in good health until about five weeks before admission, when his troop being on fire-picket duty, and an alarm of fire in camp being sounded, he "doubled" with the engine from Donnelly's Hollow to Vidette Stables, nearly a mile, without stopping, and on arriving at latter place was completely "blown" and exhausted; a short hacking cough resulted, and he has been complaining ever since.

Owing to other non-commissioned officers of his troop being in hospital, he deferred reporting himself sick until the present occasion, when the symptoms were, a very peculiar loud-ringing, paroxysmal cough, increased by posture on back, relieved by posture on right side (he never could lie on the left for any time without distress); scanty mucous expectoration slightly tinged with blood; wheezing, rustling respiration on inspiring deeply; a slight amount of laryngeal stridor occasionally detected; some dyspnœa—not very much, nor more than might be accounted for by his obesity and the effects of a slight catarrh; some feeling of uneasiness in chest but not amounting to pain, from which he was most remarkably free all through; dysphagia, a most marked symptom, referred to junction of middle with lower third of sternum, but never to episternal notch; could not swallow any solid without washing it down, and always felt it sticking at seat of obstruction.

On examination of chest no dulness on percussion, throbbing, pulsation, or tumour was discernible; no second centre of pulsation; no bruit audible; but the heart's diastole was heard very distinctly over supra-mammary regions on both sides; the systole not so loud as it should have been; posteriorly on each side of spine nothing audible save the heart's sounds faintly at one spot on left side corresponding to about sixth dorsal vertebra; however, the respiration throughout the left lung was very feeble, absent altogether superiorly and anteriorly, whilst that of right was strikingly loud and puerile.

The symptoms all pointing to the effects of pressure upon the pneumogastric nerves, oesophagus, and left bronchus, suspicion of an intra-thoracic tumour was at once entertained, and the disease diagnosed to be a thoracic aneurism of aorta. In searching for farther symptoms it was discovered that there was a very decided difference in the pulsation of carotids, that of left side being very feeble, but the radial and femoral pulses were normal; no difference