

the portion of bone eroded was part of the two last dorsal vertebræ and the first lumbar. The case is interesting as establishing several points. It illustrates a point on which great stress has been laid by Dr. Stokes—namely, the disproportion between the constitutional disturbance and the intensity of the suffering, for until the last week the fever and temperature were hardly over the normal conditions, and all the other bodily functions, including those of circulation, respiration, and digestion, were healthily performed. A second remarkable point is that the occurrence of such severe paroxysms of pain, in which the man ground his teeth, should have occurred without setting up irritation and fever. A third point is that an aneurism may become diffused, and successive hæmorrhages take place, and several pounds of blood may be lost without death immediately resulting, when that bleeding is not into the peritoneal or pleural cavity itself. With these hæmorrhages, and the well-marked signs connected with the heart, such as the one sound and the pumping beat, it would have been utterly useless to have put the man on any regular diet, or to have adopted any therapeutical treatment; as when an aneurism forces its way backwards to the bones of the vertebræ, it is impossible that nature can repair it, the most favourable cases being those of a sacculated form, and springing from the anterior surface of the vessel.—*February 5, 1876.*

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#### ERRATA.

In the July Number of the Journal, Proceedings of the Pathological Society, the following misprints require correction :—

Page 62, line 4 from bottom, for “long” read “bony,” and so *passim* throughout Dr. F. W. Warren’s communication. Page 63, line 23 from top, for “long large” read “large bony.”

Page 73, line 20 from bottom, in the heading of Dr. E. W. Collins’ communication, for “*Peritonitis*” read “*Periostitis*.”

E. H. B.