

stated in some hand-books, (e.g., Erichsen,) and I believe it may be asserted that *an abscess cannot be mistaken for an aneurism.*—For that could only occur when an abscess possessed the most distinctive of the signs of aneurism as those just specified; while experience shows that such attributes are never present. An abscess may pulsate and thus simulate an aneurism, but this is merely a suggestive sign of aneurism, and unless accompanied by the cardinal signs is never considered to be conclusive in its indication. An abscess is more likely to be mistaken for an aneurism in its earlier stage than when fully matured. Lancisi (De aneurysmatibus, 1728,) bears witness to the correctness of this proposition in the following decisive words:—"For whatever pulsatile power an abscess may be supposed to possess, yet its pulsation only lasts until pus is generated when it ceases." Owing probably to the hard fibrinous exudation of the first period being capable of exercising a degree and kind of pressure upon contiguous vessels, which the purulent secretion of the latter is unable to accomplish. Occasionally, however, a few exceptions are observed where an abscess in the fluid condition does pulsate, but these are so uncomplicated as not to embarrass the diagnosis. And from them the practical conclusion follows; that swellings in the neck, though soft, liquid, fluctuating and pulsating, if deficient in every other mark of aneurism, may be safely treated as abscesses.

III. Some of the direct signs of aneurism, or those proceeding immediately from the sac, were deficient; as the absence of thrill and indistinctness of bruit. This peculiarity is to be ascribed to the nature of the aneurism; it was of the species known as sacculated or false, and still more appropriately called by Petit, aneurism by effusion, the latter appellation implying that, the blood escapes or is effused from the artery to which it returns after having circulated through an intermediate sac. In every such aneurism, according to this eminent surgeon, who wrote in 1736, thrill is rarely perceptible and bruit is seldom, or else but indistinctly perceived. He also mentions another distinguishing feature, that further identifies the above case with this class—it is that in aneurism by effusion, the enveloping "integument assumes a brownish or leaden tint, as if there was a bruise." These observations, also, go to show that Petit, more than 100 years ago, was positively in advance of the knowledge entertained on his subject at the present day. Contrast, for example, with his clear observations the remarks on diagnosis between true and false aneurisms, as stated by Chelius, and which are so inapplicable as to have drawn forth the comments of even his editor, Mr. South. The