

commenced at the pericardium and extended to the lower portion of the arch of the aorta. The thoracic and abdominal aorta as far as the coeliac axis, was dilated to double its normal diameter; its coats were atheromatously degenerated, and contained brittle plates of calcareous matter. In the aneurism itself the coats of the aorta had gradually become enormously distended. In some parts the serous coat had given way, so that the intervening spaces were composed of fibrous or areolar tissue, and were stained of a reddish or black colour.

At the point of ultimate rupture it had broken through the base of the left lung, completely infiltrating it, and discharging more than a gallon of blood into the left pleura. On opening the larynx no inflammatory or ulcerative disease could be discovered, but the left vocal cords were much less elastic and prominent than those of the opposite side, from paralysis of the motor filaments of the right recurrent laryngeal nerve owing to the pressure of the aneurismal sac, and the left ventricle was shallow and partially filled with adherent mucus.

This case had great interest to me, in that I did not detect any *bruit*, although I examined the man carefully for what I thought to be the matter with him, and must have put my stethoscope several times near the seat of the aneurism. Dr. Bessey also examined him in June, 1863, for admission to a benefit society, and from the record of his examination evidently found no sign of the lesion at that time. Could it therefore be possible that there was no audible *bruit*? The aneurism being large, and having so many large vessels leading immediately from it, might it not have acted as a large reservoir into which the blood flowed noiselessly from the heart—the possibility of a *bruit* being destroyed by the dilatability of the large sac, and the easy escape of the blood by the numerous large and enlarged arteries departing from it?

After writing the above, in looking over Dr. Stoke's treatise on the heart and arteries, I found he mentions a case of aneurism of the transverse portion of the arch which resembled the one under consideration, in that there was no *souffle*, in the change in the voice and in the antecedent pains of a rheumatic character—if those complained of by my patient were caused by the dilated vessel.

Montreal, 1 Belmont Street,

October 15th, 1871.