

have added, that the signs of pressure, either concentric or eccentric, or both, with or without a pulsatory prominence of the chest, ought also to be present to determine the existence of aneurism.

Stewart's case is interesting, as affording an instance of the combination of aortic aneurism, diseased aorta, and unsound aortic valves.

Having given it as my opinion that an aneurism of the aorta existed, it was with some satisfaction that months after I discovered a pulsating prominence in the vicinity of the vessel, as it at once confirmed me in the correctness of that opinion. Still it occurred to me that it might possibly be an aneurism of the heart, or perhaps a hypertrophied left auricle. However, aneurism of even the left ventricle, which is the part of the organ most often affected, it will be generally conceded, is very rare, and though, if it involved the base, it might readily produce a circumscribed prominence, the seat of a strong pulsation distinct from that of the apex beat, and be attended with a double murmur and signs of pressure on the lungs; yet it is not likely that it would also affect simultaneously the two great vessels arising from the left of the aortic arch and the recurrent nerve. I do not deny the absolute possibility of such a combination, but merely the great improbability thereof; and it is well to note, that in the seven cases of aneurism of the left ventricle reported by Mr. Thurnam, in his paper on "Aneurisms of the Heart,"* there is no mention of any inequality in the pulse of opposite sides, nor of any laryngeal phenomena indicative of irritation of the recurrent nerve. However, as the clinical history of aneurism of the heart has yet to be made out, the diagnosis between it and aneurism of the arch rests chiefly on probabilities.

Dilated hypertrophy of the left auricle, although it might account for the pulsation and dulness between the 2nd and 4th left ribs, would not produce the well-defined circumscribed prominence of the chest wall at that spot, and the signs of concentric pressure which obtained. And as such a condition of the auricle must be due to constriction of or regurgitation through the mitral orifice, it would almost certainly be attended at some period with the signs and consequences of marked pulmonary obstruction, and more or less dropsy; yet, with the exception of cough, dyspnoea on exertion, and shortly before his death hæmoptysis, none of these were present.

When the double murmur was first heard, it was loudest at the first right cartilage, and the first sound with a faint murmur, and the second without a murmur, were audible in the 5th space, but after the appearance of the tumor at the surface of the chest, the first-named murmur

* *Medico-Chir. Transact.* vol. 21, p. 187, et seq.