

sounds, but differed from them in being more superficial and more sonorous ; they appeared to be loudest about the right superior angle of the sternum, and grew progressively fainter as they were examined at remoter spots. So that, including the hear's region, there were present in the chest *two distinct centres of pulsation*, which Dr. Stokes has informed us, is the simplest expression of physical diagnosis in aneurism. The distinction between these aneurismal sounds was not very obvious till after the operation, when they exactly simulated the *bruit de choc* of some French auscultators,—the greater clearness at this period may be referred to the improved conducting power of the sac after fibrillation of its blood had occurred. With the pulsation there was no distinct *bruit de soufflet*. And thus the general rule in thoracic aneurism was preserved ; but an exception to it might have been expected, for the tumor was compressed, posteriorly, by the trachea which had left its mark upon it, and, anteriorly, in a less degree by the clavicle and sternum. Circumstances which, in the opinion of some Pathologists, would be causes more than competent to educe murmur. Over the point corresponding to the passage of blood, from the sac through the left subclavian, there was, however, an approximation to a bruit. The above signs, at most, only denoted a thoracic aneurism. And did not imply its precise locality, as, for aught they shewed, this may have been the ascending aorta, or the arch, or the innominate, &c. ; they did not indicate whether there was only one, or more than one, aneurism ;—and they were inexpressive of the actual size of the aneurism. Thus substantiating the conclusions of various observers, as Dr. Mott, who contend that stethoscopy cannot declare the true seat of aneurisms about the root of the neck, and Dr. Stokes who has said that an “ extremely weak, almost imperceptible impulse, may attend even a large aneurism of the aorta.” But to some, the signs present may appear still more vague, since they closely simulated those heard in gouty aortitis, permanent patency of the aortic valves, &c. There was a still greater lack of intelligence concerning the state of the heart. The impulse of this organ did not seem abnormal, and yet there was a considerable hypertrophy of the left ventricle ;—the sounds were not accompanied with nor replaced by any bruit, and yet the aortic ostium was inlaid with bony plates and the mitral valve was fibroid in its flaps, as well as calcareous round its base. The latter negation is easily understood, as the report shows, had any murmurs existed, they must have been of the “ obstructive” or direct kind for no regurgitation had taken place. Now of these a diastolic mitral murmur is the rarest of rare sounds ; Laennec knew of no instance, but hypothetically inferred the presence of a bruit, and up to 1848 only