

opening into a second aneurismal cavity, formed in a great measure by the substance of the left lung. On opening this tumor it was observed to contain a coagulum of fibrin the size of a hen's egg, and lined for about three-fourths of its extent by a membrane continuous with that lining the aorta; the remaining fourth of the sac was formed of pulmonary substance, condensed, but not smooth, and having some cretaceous specks imbedded in it. The left pneumogastric crossed this tumor, and its recurrent branch hooked up behind it; the posterior aspect of the tumor pressed against and adhered to the left bronchus.

The anterior innominate was quite pervious, but the left carotid and subclavian arteries were both converted into fibrous cords, the former as high up as its division, and the latter to where the vertebral is given off, which was likewise closed at this point. The thyroid axis and other branches were pervious.

OBSERVATIONS.—On comparing the post-mortem appearances just related with the diagnosis pronounced two years before in the lecture alluded to in the heading of this article, it will be perceived that that diagnosis was confirmed by the appearances to a very great degree. Hypertrophy with dilatation did exist and affected the left ventricle chiefly; and there was an aneurismal tumor of the transverse portion of the aortic arch. The doubt respecting the state of the aortic orifice is now cleared up, for the valves of the orifice were found diseased, but certainly to a very slight extent; and though sufficient to account for the systolic and perhaps even the loud diastolic murmur, (though of this I am not satisfied,) yet not enough to have caused the marked visible pulsation and jerking of the arteries.

In Dr. Stokes's recent work on "Diseases of the Heart," the following passage occurs, which, however true sometimes, is proved by our case not to be always so. Speaking of the diagnosis between permanently patent aortic valves and aneurism of the thoracic aorta; he remarks that "it presents no difficulty; the peculiar throbbing pulse perceptible over a large portion of the arterial system, the visible pulsation of the arteries, the increased action of the vessels of the neck, and the double bellows murmur in the ascending aorta or the arch, all declare the nature of the disease."^{*} It rather surprises me that a man usually so minute in his diagnostic analysis, and so cautious in expressing himself, should have so curtly and imperfectly considered the distinctions between aneurism and patency of the aortic valves. In fact, the signs here mentioned as distinctive of patent aortic valves are precisely such as we might expect to observe in aneurism of the aortic arch. Should he not

* Dis. Heart, 1854, p. 539.