

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 discoloration last noticed generally supervenes when the swelling becomes superficial, and the surface takes on a species of inflammatory action.

IV. The redness of the skin that preceded the swelling may be explained by assuming that when the arterial dilatation first gave way, it left a very minute opening and that through this chink a little blood escaped, and was impelled upwards into the sub-integumental tissue, where, upon becoming extravasated, it stained the superimposed skin; being produced in short, after the manner of an ordinary bruise. Swelling succeeded gradually, because the tense, unyielding nature of the thoracic fascia had to be overcome; and this obstacle only yielded to frequent repetitions of the systolic impulses, that had caused rupture. When at length it yielded, a diverticulum of blood was forced with sufficient momentum to protrude forward the episternal cervical pit. This is the way in which some cases of false aneurism are developed at the bend of the elbow after venesection. And it is also the origin of some cases of dissecting aneurisms, as is thus described in Jones and Sieveking's *Pathological Anatomy*:—“We sometimes meet with small ecchymoses under the lining membrane of the aorta in the dead body, which indicate the commencement of this form of aneurism. A minute, and, sometimes, imperceptible fissure in the inner coat allows of the permeation of a small quantity of blood, and the first step having occurred a succession of similar deposits may soon cause a greater accumulation, and necessarily a coincident separation of the coats.”

V. The acoustic signs did not indicate, correctly, the existent state of the heart and large vessels. The principal abnormality heard was a strong pulsation, which was double or formed of two strokes, and denoted by two sounds. These, in special character, resembled the cardiac