

probable, but is not positively certain, because of the absence of a circumscribed prominence of the front of the chest wall, having: pulsation and sounds independent of those of the heart. This absence may be due either to smallness of the tumor, or to its taking an inward and downward, rather than an outward and upward direction, and is not sufficient of itself to negative the idea of aneurism.

But the last clause in the diagnosis requires consideration. It is beset with some difficulties which we had better examine. A systolic and diastolic murmur, more audible at the base than at the apex of the heart, accompanied by a jerking and visible pulsation of the arteries, is for all practical purposes admitted to distinguish disease of the aortic valves, or of the first portion of the aorta from disease of the auricular valves, and hence we excluded the latter valves and their orifices from any participation in the production of the murmur. But the combination of physical signs just mentioned, may be produced either by disease of the aortic valves permitting regurgitation through the aortic orifice, or by aneurism of the aortic arch. At one time it was supposed, that a jerking visible pulsation of the arteries, (a very anæmic state of the blood not existing) was a proof of permanent patency of the aortic orifice; but it is now well known that regurgitation of blood from the aorta into an aneurismal dilatation, or through an artificial communication into the pulmonary artery, the vena cava, the ventricles of the heart, &c., is capable of producing it. And as I have already given strong reasons for believing in the existence of aneurism of the arch, we must refer the visible jerking pulse to the aneurism, unless we have other evidence to adduce. Have we other evidence? We have. It is admitted by our first authorities in these matters, that when a murmur has a greater intensity at the 3rd right cartilage, than at the 2nd, it indicates disease of the aortic orifice, rather than disease of the aorta itself; and such being the fact in Stewart's case, I would at once decide for the existence of a morbid condition of that orifice, but for one circumstance, viz., the displacement of the heart downwards, which may explain why the murmur, though produced in the arch of the aorta, is more audible lower down, over the normal situation of the aortic valves, than at the aortic cartilage, (the 2nd right,) the point at which murmurs developed in the aortic arch are usually loudest. It is then chiefly because of the displacement of the heart that I have considered the existence of disease of the aortic orifice "doubtful."

Montreal, June 25, 1855.

N.B.—The notes of this case were taken by Mr. (now Dr.) John L. Stevenson. Its sequel will appear in the August number of the Chronicle.