with distinct aneurisms in the chest; and, occasionally, in addition, with heart disease. Thereby affording proof of the activity of an aneurismal diathesis, and of a formative tendency to arterial disease. A morbid state which must infallibly shorten life; and even sooner than it otherwise might, because conjoined with the disordered innervation and its impairment of vital function, that ensues after obliteration of the carotid artery. That these cases possess this unfortunate combination is shown in the subscribed statement:—

Peculiarity of Aneurism.	Complication of Aneurism.	Surgeon.
Mentioned above	1. Arch aorta ossified and dilated. 2. ossification of aortic valves.	Morrison.
Size of small orange involving the arch	1. Aneurism aorta. 2. Coarctation of left carotid. 3. Small size of both vertebrals	Key.
Innominata at origin size of aorta, formed a large swelling against sternum, and extern. another the size of an orange	1. Dilatation of aorta. 2. Compression of par vagum, and recurrent laryngeal nerves	Fergusson.
Tumor over sterno-clavicle articulation size of a large egg. Tumor in chest size of a heart	1. Aneurism of arch aorta. 2. Dilitation of the thoracic aorta. 3. Ossific degeneration of ascending aorta. 4. Slight hypertrophy left ventricle.	Campbell.
Mentioned above	Involvement of arch aorta.	Fearn.
Extended from innominata to upper part of thyroid cartilage	1. Dilitation thoracic aorta, with 2. Calcareous degeneration.	Wickham.

Of the remaining four no account can be given of their complications, as in Evan's case, the man was alive at last report, in Mott's no mention is made of state of heart or aorta, and in the remaining two the facts are unknown. So that exclusive of these, there are six of complications with aortic disease, &c., to which the remarks preceeding the statement apply. That morbid complications interfere with a salutary termination is evidenced by contrasting the results that have followed Brasdor's operation in innominatal aneurism with those that have succeeded it in cases of aneurism of the root of the carotid uncomplicated by any other vascular abnormality. Of this latter variety there are five *bona fide* cases, and one supposed case; of the former 3 were complete recoveries, 1 was successful so far as the aneurism was concerned, and in only 1 was there no improvement. The comparison just drawn also suggests that were an aneurism of the innominata placed under as favorable conditions as one of the carotid, the chances of life would be materially lengthened, and be on a par with those afforded by the latter. For this purpose, the sac should be confined to the upper part of the vessel or near its bifurcation, spring from the left segment of the artery, and be unimplicated with disease of the aorta or heart, or with aneurism of the aorta. A combination so fortuitous will, however, be of great rarity, and altogether exceptional to the rule. If, then, past experience is to form a guide, we must conclude that although this operation may successfully obliterate the aneurism, yet it is proble-