

carotid felt for, and the omo-hyoid, as it crosses the artery, identified. The small artery (sterno-mastoid) and the middle thyroid veins, which cross the vessel are avoided, and so, also, is the descendens noni nerve which lies on its sheath. The latter is opened on its inner side and the aneurism needle introduced from without inwards, taking great care not to injure the pneumogastric nerve or the internal jugular vein. In the operation *below the omo-hyoid* the incision extends from the cricoid cartilage to near the sterno-clavicular articulation; the sterno-mastoid is drawn outwards and the sterno-hyoid and sterno-thyroid muscles, inwards, the inferior thyroid veins are avoided and the sheath opened on its inner side. *Sub-clavian*.—Ligation of the third part, or of that part of the vessel external to the scalenus anticus muscle, alone will be considered. *Operation*.—The external jugular vein pierces the deep fascia, about one inch above the clavicle, and would be in danger of being wounded if the incision were made directly over it, in this region. The skin is, therefore, drawn down on to the clavicle, so that an incision made through it and the superficial fascia and platysma over the clavicle, will avoid this vessel. This incision will extend from the trapezius, behind, to the sterno-mastoid, in front, and its centre will be placed about one inch internal to the middle of the clavicle. The retraction of the skin brings the wound about half an inch above the clavicle, the deep fascia is now divided and the external jugular vein identified and drawn outwards and the edge of the scalenus anticus muscle sought for. This muscle lies behind the sterno-mastoid, and, when found, the finger should follow it down to its tubercle of origin on the first rib. Turning the head repeatedly to the opposite side with one hand, while the finger of the other is in the wound, will often assist in identifying the scalenus