

more admitted than at present, they would be considered as affording a sufficiently obvious explanation of the occurrence of the hemiplegia.

XV. The peculiarities of the aneurism have already furnished several points for observation. Another, of equal interest, is the lateral disposition the tumor possessed. This circumstance, I think, has a practical bearing on the question of operation, and fitly forms a conclusion to this communication. It would seem that the success of carotid deligation must be influenced by the side or segment of the artery from which the aneurism proceeds. If it be the left, as in the case referred to, there will be every prospect of success from the operation, since the introduction of blood into the sac is derived from the current destined for this vessel; if, however, the aneurism were dextrolateral, then the same benefit cannot be afforded, as the supply is furnished by the subclavian. Therefore, under the latter circumstance, ligature of the last named vessel should prove more advantageous than of the carotid. And again, were the aneurism equal on either side of the innominate, or a symmetrical dilatation, then the only hope of a certain and sure stasis of blood would be afforded by tying both branches. And lastly, the bearing may be noted which the case, now reviewed, has upon the question of operation, as that question was left by cases published before its time.

It has, then, borne its testimony to the feasibility of the operation; to the propriety of its performance in suitable cases; to the correctness of the inferences formerly drawn,—and thereby has increased the weight of the arguments upon which they depended: it has shewn that ligature of the carotid artery will cause the solidification and reduction of innominate aneurism; that the operation is not more dangerous than ligature of the same vessel, performed for any other cause; and that by it, life may be prolonged if not saved when there is no other expedient to which recourse can be had. Thus disproving the truth of the allegations, popularly expressed, against the operation, to wit., the charge of Miller, that Wardrop's (?) procedure contains in itself the elements of failure (Principles of Surgery); and the conclusion of Erichsen, who says, from the facts no surgeon would be again justified in tying the carotid in innominate aneurism (Art and Science of Surgery). And, finally, by the observations it has originated, this case affords the following propositions, as to the cases requiring or negating carotid deligation:—

1. Cases most suitable:—those of uncomplicated innominate aneurism.
2. Cases imperatively requiring:—innominate aneurism with imminent danger from external rupture of sac, pressure on trachea, &c.