ascribed to pneussentially to the nce of an eurism. th was, in some nges underwent, , was converted this latter state in the chest, an it was incapable ses do not agree onia was confinf the pulmonary. ot pressed upon the bronchi. In ssion, but it was ply condensed in , but, in the left o pressure at all: d; for in the abike both before ositive bulk and e history, too, of to the production left to take their mination. Upon. ms were not the sition; it may be sidering the ligalent is in favor of sort, is a common e Medico-chirurapital operations more or less adcommon carotid; monia is of freice after the cered that Mr. Miller, tor against it, he h its baneful conlikewise refers to common carotid,

ories assigned for

this circumstance, considers it most likely owing to a derangement in the functions of the brain, and medulla oblongata induced by a disturbed state of the encephalic circulation. His opinion seems probable and perhaps the peculiarity of the left lung being affected after ligature of the right artery, as in the above cases, may be attributed to the same agency as that whereby palsy is made to occur on a side of the body opposite to the one in which the cerebral lesion exists. With these arguments before us the two cases of pneumonia must be placed in the same category with the first. And, I believe, had the same operation been performed upon the same individuals, on any other account, than aneurism, the same result would have ensued. The last case in the above list varies somewhat from the foregoing, there inflammation attacked the aneurismal sac, leading to suppuration with ulceration; and of their consequences, the patient died. Yet, in the end, it falls in with them. The death is distinctly referable to the ligature—not because it was applied upon any novel principle or in any unusual mode—not that, by carrying out Brasdor's proposal, the aneurism was rendered more accessible to inflammation, than had the Hunterian plan been followednor that a more adverse modification was induced in the circulation than had the vessel been obliterated elsewhere; but because such a result is one of the accidents of arterial deligation when practised for the cure of aneurism. Proceeding from causes which the Surgeon cannot apprehend when present, much less predicate when absent; and supervening alike whether the ligature be on the distal or cardiac side of the tumor. This latter and most important averment is easily supported. If we search the statistics of carotid aneurisms treated by tieing the vessel between the sac and the heart, we find Mr Norris in the American Journal Medical Sciences, 1847, referring to 33 cases of the disease thus treated, and informing us, that of 13 deaths, in 6 the sac was ulcerated; he does not state in how many it had been inflamed, but the number must have been considerably more than the last: for Mr. Solly in a lecture, on carotid aneurism treated by cardiac ligature, reported in the Lancet for 1854, and Medical Chronicle vol. I., alludes, as he observes, to "the most important cases" recorded; and of 9 there mentioned, the sac was inflamed in 5, and in each, as in Hutton's, the issue was fatal, while in a sixth arteritis occurred and induced death, so that in only one third was there neither inflammation of the sac nor vessel. Surely, then, the Brasdorean are not more amenable to this evil than the Hunterian operations. In conclusion it may be inferred-

1. The early deaths, occurring after the right carotid artery has been tied for innominatal aneurism, have been due to the consequences of the operation.