of the cervical fascia, as would occur if the pus were beneath this fascia. In the latter case, if the abscess be beneath the superficial portion of the deep fascia at the side of the neck, it may, passing beneath the clavicle, burrow into the axilla. Should the collection be beneath the same fascia in the front of the neck, it would, lying between this layer and that covering the depressors of the hyoid bone, be directed into the anterior mediastinum. If it lie beneath the pretracheal layer it would follow this layer downwards, and since the pretracheal is continuous with the fibrous portion of the pericardium, would appear in the middle and posterior mediastina; while, if beneath the posterior or prevertebral layer, it could burrow into the axilla, since a process of this layer surrounds the subclavian artery, or it could gravitate to the posterior mediastinum.

Pressure Effects of Aneurism of the common carotid.—In aneurism involving the arteries of the neck the common carotid is most frequently affected, and, when so, the tumor develops near its bifurcation, as a rule, and any of the following symptoms may be present as the result of pressure by the tumor: (1) On the *internal jugular*—cyanosis of the face, passive congestion of the brain and headache; (2) on the *pneumogastric*—disturbance of the stomach, such as vomiting, etc., or of the lungs, asthmatic attacks; or of the heart, interference with the rhythm, or change of blood pressure. Should the tumor extend higher up the neck than the point of bifurcation, it may compress the *superior laryngeal* branch, with production of cough or spasm or of paralysis of the crico-thyroid muscle; or, if it involve the lower or middle portions of the artery, the *recurrent laryngeal* might be compressed, producing hoarseness and difficulty in speaking; (3) pressure on the *decendens noni* will cause weak-