carotid arteries represents the course of this nerve. *Hypo-glossal.*—From the upper part of the line for the internal carotid artery, in a curved manner, to the tip of the greater cornu of the hyoid bone, thence, with convexity downwards, to the middle of the lower border of the inferior maxilla. The *spinal accessory* may be represented by a line drawn from the upper end of the carotid line, downwards and backwards, entering the sterno-mastoid muscle, about one inch below the tip of the mastoid process and emerging from the posterior border of this muscle, at its middle, and then, crossing the occipital triangle, to end in the trapezius about three inches above the level of the clavicle. *Phrenic,* from the middle of the sterno-mastoid, opposite the upper border of the thyroid cartilage to the sterno-clavicular articulation.

Operations.—Ligation of Vessels.—(1) *Common Carotid.*—In connection with the ligation of this vessel, it is worth noting, that, about two and a half inches above the clavicle, and in the line of the artery, there is a prominent tubercle, which can be felt on deep pressure. This is termed the *carotid tubercle,* after Chassoignac, who advised compression of the carotid at this point. The common carotid may be ligated, above or below the point where the omo-hyoid muscle crosses the artery, but, on account of the greater depth of the vessel below this point, the upper part of the artery is generally selected for the purpose of ligation. *Operation.*—An incision, three inches in length, is made in the line of the artery with its centre opposite the cricoid cartilage. The skin, superficial fascia and the platysma with branches of the superficial cervical nerves, having been incised, the deep fascia is opened along the anterior border of the sterno-mastoid muscle. This muscle is drawn outwards and the pulsations of the