

close to each other, with lamellæ of elastic fibres and some muscle cells separating them. Occasionally in the main cyst narrow partitions could be seen jutting into the cavity and dividing it into small cysts.

The intima of the carotid artery away from the cystic dilatation was a little thickened, but on the whole appeared quite loose. As the intima passed over the cyst cavity its substance became more compact, and the tissue showed the effects of pressure from the cyst so that the intima occupied a narrower margin. The media on both sides of the cyst also showed some effects of pressure in having the muscular lamellæ somewhat compressed, but in counting the number of elastic laminæ, it was found that there was but one, or at the most two, less in the cystic wall than were present in the arterial coat on either side of the lesion.

Further than the pressure atrophy or dissolution of the muscle fibres between two parallel elastic lamellæ close to a cyst, there was no evidence of tissue necrosis.

The adventitia appeared quite normal, and was not thickened or fibrosed. There was no evidence in the vasa vasorum of the presence of thrombi or occlusion of their lumina.

To sum up the principal features in the foregoing case, we find a small cyst lying in the media of the carotid artery, along with a number of smaller cystic dilatations lying in the same plane, at either extremity of the main cavity. Each of these cysts is filled with a homogeneous gelatinous material, and their presence in the vessel wall has exerted pressure on the surrounding tissues. The smallest cysts, which may be taken as the early beginnings of the condition, are seen to lie close to the elastic laminæ and arise without evidence of primary necrosis or of inflammation. As the cysts enlarge, there is a pressure necrosis of the muscle cells in the immediate vicinity, but the elastic fibres resist the strain and remain intact without showing evidence of degenerative changes.

The intima remains healthy, save for compression of its tissue over the cyst, and the sum-total of the arterial coats lying to the inner and outer sides of the cystic cavities is almost equal to the thickness of the normal vessel wall.

From the microscopic sections, it appears that the various cysts were associated with each other and probably communicated through the lymph spaces. The contents of the different cysts were similar in character, save that the more extensive ones contained some debris of degenerated muscle fibres about them.

In the absence of a capsule or any evidence of fibrosis, and also in the nature of the cyst contents, it is evident that the condition was not the