

caused by occlusion of many additional single ligature, it is, perhaps, doubtful on separate occasions as been just stated at the procedure re the second is per-developed, and thus ately secured by the this is, of course, sel when ligatured the carotid half the obstructed, whereas, to one-sixth, *i. e.*, h the vessel, this being a long trunk, gature, while the n these two points. —this is equivalent in it would be the true operation into, 1 the n is unfounded, for in the encroachments of s leave no space for common femoral, so superficial femoral, or thus limiting M. ed it to be executed is self-styled "new

advantages over alternative practice.

ligation in innominate subclavian artery good.

, it may be concluded that justification to aneurism by ligature in certain cases he

would be deserving of censure if he permitted his patient to die without having been afforded the benefits of the operation.

The correctness of many of the foregoing statements is strikingly attested by the following case which occurred to me last autumn. It was that of a septuagenarian, having an innominate aneurism which pointed externally, and so superficially that its spontaneous rupture was hourly expected—the carotid artery was tied—life was prolonged three months—the aneurism underwent reduction in size—fibrillation occurred—the sac was occluded, and circulation from it to the artery ceased—no local accident interfered obnoxiously—death was caused by cerebral disease, the result of the ligature—no event happened that would not have equally followed, had the ligature been cardiac instead of distal—aneurism of the arch, and other evidences of arterial disease, were ascertained post mortem—and the relations of the aneurism proved that no other operation would have been as useful as the one executed—and, in addition, the case presented some unusual features, giving it a singular character. The details, as noted at the time, are these:—

Pierre Bridor was brought to the Montreal General Hospital on Saturday, 29th September, 1855, by Mr. Picault, a medical student, for my advice concerning a supposed aneurism at the root of the neck.

The tumor was situated in the episternal cervical pit; having for pillars the cleido-mastoid muscles, and being interposed between the lower border of the thyroid gland, and a line drawn across the sternal ends of the clavicles. Although fixed, it could be slightly displaced, as, laterally,

