

caused by occlusion of so many additional vessels by a single ligature, it is, perhaps, doubtful whether on separate occasions it has been just stated that the procedure recommended is the second is perfectly secured by the first, and thus completely secured by the second, this is, of course, a great advantage when ligatured to the carotid half the vessel is obstructed, whereas, in the other, to one-sixth, *i. e.*, the vessel, this being a long trunk, the ligature, while the operation is performed on these two points, is equivalent in its effect to that of the true operation into, 1 the vessel is unfounded, for in the case of the encroachments of the tumor, there is no space for the common femoral, so that the superficial femoral, or thus limiting M. is it to be executed in its self-styled "new

advantages over alternative practice.

ligation in innominate the subclavian artery good.

it, it may be concluded that the justification to aneurism by ligature is 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,

