

joined into the subclavian near its usual point of junction. This case would certainly have presented great difficulties in the operation of tracheotomy, inasmuch as, irrespective of the large communicating branch between them, the vessels were unusually large and were little more than the eighth of an inch apart at the point of junction by the cross trunk.

In another subject, the *external jugular vein*, after taking its usual course to the outer edge of the *sterno-mastoid* proceeded outwards and crossing superficially to the clavicle emptied into the *axillary*, by perforating the costo-coracoid membrane in common with the cephalic vein. This vessel crossed the clavicle over its most vulnerable spot, and would, without doubt, have suffered laceration in an ordinary fracture of the bone.

The next most striking anomaly, was that of the *radial* and *ulnar* arteries, the latter especially. The ulnar normally occupies a deep position in the upper third of the bone, being there covered by a thick layer of muscles; in the case before us, however, the division of the brachial occurred opposite the insertion of the *coraco-brachialis* into the humerus, and the *ulnar* artery proceeded over the layer of muscles arising from the inner condyle, covered only by ordinary integument and the aponeurosis of the arm. The course was first along the median line, to above the middle of the fore-arm; it then curved gradually towards its inner edge, and reached its normal position on the annular ligament, to which spot the ulnar nerve was unaccompanied by any vessel. The space at the bend of the elbow was in this case completely obliterated by the high origin of the pronator teres, as already noticed. The radial artery supplied the interosseous vessel.

The following vessels were noticed, as differing from the usual mode of origin and in size; viz.: the *inferior mesenteric* and *right renal*. The former of these sprung immediately below the *superior mesenteric*. The *right renal* was remarked as the last vessel given off by the aorta, about an inch above its bifurcation.

Nothing unusual was noticed with respect to the nervous system.

ART. XXX.—*A Case of Popliteal Aneurism cured by Ligature of the Femoral Artery.* By FRANCIS CLARKE MEWBURN, Surgeon, Drummondville, C. W.

RICHARD CLOSE, stone-mason, aged 30, of spare habit, and apparently not very robust constitution, applied in February last for advice for a lameness of the right leg, and a swelling in the ham of the same. Has been working at the building of the stone towers of the Queenston Suspension Bridge, during the winter, and living near Brock's Monument on the Mountain, would be exposed to