matter to be able to distinguish whether aneurism pointing in this part arise from the innominata or aorta; as if it be the former, operative interference may be justifiable, while if it be the latter, such procedure is inadmissable. In some cases this diagnosis cannot be made during life, but in others, of a less obscure kind, a correct conclusion may be formed—and perhaps in future cases the following differential arrangement may be found useful. It refers merely to the distinction of the tumor in the episternal cervical pit, and not to the diagnosis of the aneurisms generally.

Innominatal.	Aortic.
Most frequent.	Less common.
Developement more rapid.	Formation more gradual.
Unilateral.	Symmetrical.
Inclined to the right.	Equi-distant from either side;
Proceeds from the right to the mesian line.	Ascends mesially.
Attachment expanded.	Attachment pedunculated.
Basis dexolateral.	Basis inferior.
Occupies whole length of inner segment of innominata.	From a part of the arch between the innominata and left carotid.
Signs of aortic aneurism absent or doubtful.	Signs of aortic aneurism invariable and evident.
Dullness greatest about the sterno-clavicular joint.	Dullness greatest over centre of manubrium.
The remote symptoms of aneurism confined to, or chiefly observed in, the right side of the body.	The remote symptoms of aneurism occur at least in the first instance on the left side.

It is expected that an exception may be met with to one or more of these distinctions, for they are only intended, like other diagnoses, to apply to the generality of cases. Besides the above vessels (innominatal and aortic) it is just possible, that through great rarity, an aneurism might be produced in a similar situation, either by a lateral diversion of the root of the right common carotid, or by the thyroid, middle or inferior, artery communicating with the cavity of an abscess. Such cases would be characterized by their own individual features, as the higher locality of the tumor, &c., as well as by an absence of the positive characters of innominatal aneurism.

II. The likeness of the superficial swelling to an abscess was striking, and it is, therefore, not strange the patient should have mistaken it for one. In other cases this resemblance has been so strong, as even to have deceived surgeons themselves. Mr. Norris (*op. cit.*) has published two such instances in which the sac was incised, one of which happened to the late Mr. Liston. This error, for the most part, only happens where the more prominent symptoms of aneurism are absent: such as equable expansion and declination of the sac, synchronously with the systole and diastole of the heart; collapse of the sac, upon pressure of the artery on its cardiac side; emptying the sac by direct manipulation; inability to remove pulsation by displacement, &c.; should cardinal signs like these be absent then, indeed, a wrong diagnosis may be venial. While, however, it is true that an aneurism may be considered to be an abscess, the converse does not necessarily follow, as is unconditionally