

will be but a fractional addition to the stasis of blood caused by occlusion of the carotid; and when, for this trifling gain, so many additional dangers are risked, the dangers of a double instead of a single ligature, it does not seem warrantable to incur them for the trivial, perhaps, doubtful advantage acquired. The ligature of these vessels on separate occasions has been practised twice, but in addition to what has been just stated which is now equally applicable, it may be objected that the procedure reduces the case down to a single operation, since before the second is performed the collateral circulation will have become developed, and thus counteract all other advantages except those immediately secured by the first. Thirdly. Tying the subclavian artery alone, this is, of course, open to the objections just raised against this vessel when ligatured simultaneously with the carotid. By obliterating the carotid half the volume of blood that entered the aneurism is obstructed, whereas, by occluding the subclavian a check is only given to one-sixth, *i. e.*, one-third the amount destined for passage through the vessel, this important difference depending upon the carotid being a long trunk, giving off no branches between the sac and ligature, while the subclavian gives off all its largest branches between these two points. Lastly, tying the arteria innominata on the distal side—this is equivalent in impropriety to the first variety. According to writers, it would be the true Brasdorean method, for they have divided the distal operation into, 1 the Brasdorean, and 2 the Wardropian; but the distinction is unfounded, for in cases requiring it the first cannot be performed, as the encroachments of the tumor in both innominatal and inguinal aneurisms leave no space for the ligature of the end of the innominata or of the common femoral, so that in both a divisional branch, either carotid or superficial femoral, must be tied. Moreover, there is no authority for thus limiting M. Brasdor's proposal, for so far as is known, he intended it to be executed upon the principle expounded by Mr. Wardrop in his self-styled "new operation." And in conclusion it may be inferred:—

1. The ligature of the right carotid possesses advantages over alternative operations which entitle it to preference in practice.

2. Opinions as to the probable benefit of carotid deligation in innominatal aneurism, founded upon the results of tying the subclavian artery or both subclavian and carotid arteries cannot hold good.

From the inferences of the antecedent discussion, it may be concluded, as a secondary deduction, that there exists abundant justification to warrant a surgeon in again treating innominatal aneurism by ligature of the right common carotid artery; nay, more, that in certain cases he

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