

same manner the two deaths that next follow are to be ascribed to pneumonia induced by ligature of the common carotid—essentially to the ligature, and not to any influence caused by the coincidence of aneurism. Without this explanation, it must be assumed that death was, in some way, caused by the aneurism, as for instance, by the changes underwent, since the tumor, from being soft, mobile, and yielding, was converted into a hard, incompressible and ponderous mass; and in this latter state would exert, as might be supposed, by its presence in the chest, an amount of pressure on the contiguous organs of which it was incapable in the fluid condition. The details, however, of the cases do not agree with such a view. In Mr. Fergusson's case the pneumonia was confined to the middle lobe of the *left* lung, while the rest of the pulmonary structure was perfectly healthy, and the tumor had not pressed upon either the lungs or their nerves, nor had it displaced the bronchi. In Dr. Campbell's, again, the tumor had produced compression, but it was upon the superior part of the right lung which was simply condensed in substance, while the inflammation was seated, not there, but, in the *left* lung, "posteriorly and inferiorly," where there was no pressure at all. The truth these facts teach, is what was to be expected; for in the abstract, the pernicious influence of the tumor was alike both before and after the operation, since aside from its density, its positive bulk and occupation of space were similar at both times. The history, too, of intra-thoracic tumors, generally, evinces no tendency to the production of pneumonia. When, also, thoracic aneurisms are left to take their course, pneumonia is neither a complication nor a termination. Upon these grounds it may be concluded that the aneurisms were not the cause of death. Returning, then, to the original proposition; it may be asked, as the alternative,—is there any reason for considering the ligature to have been the sole cause of death? All precedent is in favor of the affirmative. Pneumonia after operations, of every sort, is a common event. From an analysis of 62 autopsies, given in the Medico-surgical transactions, Vol XXVI, of persons on whom capital operations had been performed, 39 presented signs of pneumonia more or less advanced. But this fact is especially applicable to the common carotid; since after it has been tied, for whatever cause, pneumonia is of frequent occurrence, probably ranking, in point of accident after the cerebral sequelæ; so much is this disease, then, to be expected that Mr. Miller, in his Practice of Surgery, specially warns the operator against it, he says, "after the operation congestion of the lungs with its baneful consequences must be guarded against." Mr. Erichsen likewise refers to the prevalence of pneumonia after deligation of the common carotid, indiscriminately, and in briefly summing up the theories assigned for