regurgitation of fluid. Tricuspid and pulmonic valves healthy. Left ventricle hyphertrophied, its wall being seven lines thick; no over capaciousness of its cavity; left auricle slightly thickened. No further leisons ascertained.

The characters that chiefly distinguish the preceding case from its fellows are as follows:—the situation of the external tumor—the resemblance of the latter to an abscess—the modification of its direct symptoms—the initiatory redness—the inadequacy of the acoustic signs derived from the chest—the slightness of the remote symptoms—the anatomical difficulties of the operation—the external opening of the aneurism—the fistula to which it led—the symptoms of deranged cerebral circulation as witnessed in hemiplegia, ushered in by pseudo-coma, and varied before death by intercurrent stupor and vigillium—and, lastly, the subsequent discovery of abscesses in the brain, and of a peculiarly constructed aneurism. Each of these calls for a few remarks.

I. The situation of the tumor appears peculiar when contrasted with that of others, before quoted, in which this circumstance is precisely stated. Of 8 cases of innominatal aneurism treated by carotid deligation: in five it was directly above the right sterno-clavicular articulation, or inner extremity of the clavicle, and behind the lower end of the sterno-mastoid muscle; when large it projected so as to be visible on both the tracheal and outer borders of the muscle. In one it proceeded outward about one-third along the right clavicle. In another it was still more external, and was seated over the middle of this bone. And in the last it is described as "immediately above the sternum, bounded laterally by the trachea and tracheal margin of the sterno-cleido-mastoid muscle." All these exhibit a lateral position. In the case I have described, however, the situation was mesian in the episternal cervical pit. But while this situation was exceptional to that seen in cases similarly treated, it accords with what has been observed in other cases of innominatal aneurism, which have either not been operated upon, or have been otherwise treated; for if their records be examined, examples will be met with like the one in question. This central situation is occasionally taken up by aneurism of the aorta, either of the arch or ascending portion. Dr. V. Mott, in his remarks upon aneurisms, (Velpeau's Operative Surgery, vol. 1, p. 278,) says:—"When an aneurismal tumor shews itself above the upper bone of the sternum, it happens as often that it proceeds from the aorta as from the innominata." Blakiston (Diseases of the Chest, p. 135) describes a case of sacculated aneurism that sprang from the arch of the aorta, and caused a suprasternal tumor; on referring to it, the reader will remark that the latter bears many points of resemblance to the one in the case above detailed. It is an important