

ly, in addition, with  
ity of an aneurismal  
ase. A morbid state  
er than it otherwise  
ervation and its imi-  
ation of the carotid  
ombination is shown

Case.	Surgeon.
ted. 2. os-	Morrison.
eration of	Key.
ze of both	Fergusson.
ompression	
ent laryn-	
2. Dilatation	
Ossific de-	
aorta. 4.	Campbell.
entricle.	Fearn.
with 2. Cal-	Wickham.

their complications, as  
Mott's no mention is  
ing two the facts are  
of complications with  
ceding the statement  
a salutary termination  
ollowed Brasdor's ope-  
e succeeded it in cases  
ed by any other vas-  
five *bona fide* cases, and  
e recoveries, 1 was suc-  
in only 1 was there no  
suggests that were an-  
ble conditions as one of  
lengthened, and be on-  
urpose, the sac should be  
bifurcation, spring from  
ted with disease of the  
ombination so fortuitous  
ceptional to the rule. If  
conclude that although  
eurism, yet it is proble-

matical, whether this circumstance will delay death, and that the exist-  
ence of morbid accompaniments with the aneurism should preclude  
the ligature of the carotid. Unless some very urgent reason should  
arise, as the peril from instant rupture of the external tumor, when even  
though the forbidding complications co-exist, the operation may be per-  
formed, as the probability is it will then lengthen life. Such an advan-  
tage was evidently obtained in Wickham's case, where death which  
was momentarily anticipated before the artery was tied, did not occur  
till two months after the operation. And again the mean duration of life  
after the vessel was tied, in the cases examined, has been four and a half  
months. The inferences deducible from the foregoing are:—

1. Failures of carotid deligation to obliterate innominal aneurisms  
are attributable to individual irregularities.

2. Failures of carotid deligation to lengthen life in innominal aneu-  
rism, exclusive of the accidents of the ligature, are principally referable  
to co-existent disease of the heart, or aorta, or aortic aneurism.

3. The operation should not be attempted in cases where there is a  
complication with these morbid states.

4. Unless there be imminent danger of death from rupture of the  
sac, &c.

5. The most promising case for the operation is when the innomina-  
tal is most like a simple carotid aneurism.

And lastly, this operation may be compared with others for the cure  
of the same affection. These are:—1. Deligation of the arteria inno-  
minata on the cardiac side; 2. Ligature of both the carotid and subcla-  
vian arteries; 3. Tying the subclavian artery; and 4. Securing the  
arteria innomina on the distal side. The first is either impracticable  
under the circumstances of the case, or if practicable, inevitably fatal.  
It has been proscribed by Velpeau and others. In the second the oper-  
ation varies as to whether both vessels be tied simultaneously or on se-  
parate occasions. The simultaneous ligature has been executed but once,  
and then under very unlucky auspices; it having been found post mortem,  
that the only pervious artery supplying the brain was the left vertebral.  
From the deligation not being feasible in any other than the third part  
of the subclavian's course, it follows as there will still be active cir-  
culation of blood through the tumor, and from it through the principal  
branches of the subclavian artery, which are all given off from this  
vessel before it extends beyond the scaleni muscles, that at most there