

extending from the rest. The sheath of the vessels was confused, and not distinguishable at the place where the artery was defective; a short distance above and below this, it was thickened and adherent to the outer coat of the vessel; and still further upwards and downwards, it was remarkably well defined, but scarcely abnormal. The pneumogastric nerve proceeded between the internal jugular vein and artery, from behind forwards, and continuing to be directed anteriorly, it lay in front of the latter inferiorly, and was separated from it for the distance of two lines; it next approached the sac, became flattened, running, in this condition, over the right segment of the aneurism, and leaving the latter opposite the commencement of the subclavian, where it gave off the recurrent, and then proceeded onwards in its usual course. The internal jugular vein was external to the artery and nerve, and on a higher level than either; its lower part was directed more anteriorly than usual, it impinged on the top of the tumor, ran over its external circumference, united with the subclavian, and the continuation (vena innominata) passed across the tumor, and joined its fellow of the opposite side.

**AORTA.**—The *ascending* portion was considerably dilated, being 5½ inches in circumference across its inner surface. The lining membrane was scabrous from atheromatous deposits, some of which were disposed in an annular form resembling ring worms. The *Arch* was aneurismal and extensively degenerated. The dilatation was principally obvious between the left carotid and left subclavian arteries, where it rose up like a bladder; it also, conspicuously, involved the anterior and posterior walls of the arch just above its commencement; circularly the arch, here, measured 6½ inches when flaccid. In the upward protrusion there was a fibrous clot, looking like placental structure, of a buff colour, variegated with red, reaching as low down as the innominate opening, and connected to the contiguous surface by delicate trabeculae; a second clot of similar appearance, but much smaller, was, also, found attached to the upper part, a little further forward. The lining membrane was variously diseased, in part eaten away by minute erosions; in one place looking like an ulcer, there being an irregularly ragged solution of continuity, in the lining membrane, which was walled round by a raised fungoid border, having for its floor the middle coat, stained of a dark red color; and measuring 1½ inch by 1 inch; elsewhere the inner membrane was irregularly thickened and atheromatous, here rosily stained and there morbidly white. The *descending* aorta was, also, in a state of atheromatous degeneration.

**HEART.**—Aortic valves normal, but the ostium ossific and studded with bony plates; mitral valve fibroid, base encircled with calcareous deposits of coralline shape. Both these valves close perfectly, and preclude

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