wit distinct aneurisms in the chest; and, occasionally, in addition, with heart disease. Thereby affording proof of the activity of an aneurismal diathesis, and of a formative tendency to arterial disease A m orbid state which must infallibly shorten life; and even sooner than it otherwise might, because conjoined with the disordered innervation and its inpairment of vital function, that ensues after obliteration of the carolin That these cases possess this unfortunate combination is shown arterv. in the subscribed statement :---

Peculiarity of Aneurism.	Complication of Aneurism.	Surgeon.	
Mentioned above	1. Arch aorta ossified and dilated. 2. os- sification of aortic valves.	Morrison.	
Size of aman orange involving the	1. Aneurism aorta. 2. Coarctation of left carotid. 3. Small size of both vertebrals	Key.	
Innominata at origin size of aorta. formed a large swalling against sternum, and extern, another the size of an origing	geal nerves	Fergusson.	
size of a large egg. Tumor in ches size of a large egg. Tumor in ches	of the thoracic aorta. 3. Ossine ue- generation of ascending aorta. 4.	Campbell. Fearn.	
Mentioned above Extended from innominata to upper par of thyroid cartilage	Involvenient of arch aorta. 1. Dilitation thoracic corta, with 2. Cal- careous degeneration.		-

Of the remaining four no account can be given of their complications, as in Evan's case, the man was alive at last report, in Mott's no mention is sac, made of state of heart or aorta, and in the remaining two the facts are unknown. So that exclusive of these, there are six of complications with aortic disease, &c., to which the remarks preceeding the statement That morbid complications interfere with a salutary termination apply. is evidenced by contrasting the results that have followed Brasdor's operation in innominatel aneurism with those that have succeeded it in cases of aneurism of the root of the carotid uncomplicated by any other vascular abnormality. Of this latter variety there are five lona fide cases, and one supposed case ; of the former 3 were complete recoveries, 1 was successful so far as the aneurism was concerned, and in only 1 was there no improvement. The comparison just drawn also suggests that were an aneurism of the innominata placed under as favorable conditions as one of the carotid, the chances of life would be materially lengthened, and be on a par with those afforded by the latter. For this purpose, the sac should be confined to the upper part of the vessel or near its bifurcation, spring from the left segment of the artery, and be unimplicated with disease of the aorta or heart, or with aneurism of the aorta. A combination so fortuitous will, however, be of great rarity, and altogether exceptional to the rule. If then, past experience is to form a guide, we must conclude that although branc this operation may successfully obliterate the aneurism, yet it is probled vesse

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