

same character, and the wall of each had a s if lined by a membrane was firm, and rather have been most en-cess, this was, in its substance was re-; no unusual congeste seemed to be some the left hemisphere, crus cerebri appeared was only in its medul-l white color. No nor elsewhere.

My friend, Dr. MacCall-ve noticed :—

of the arteria inno-ascended, became so been formed, partly textures. Its sac was ight sterno-hyoid and d flattened, and were y the deep layer of onded, and much fat in considerable ssite in a condensed med of the expanded ed, and covered by a rotid and subclavian

arteries arose from about the middle of the outer circumference of the swelling; they were, here, somewhat dilated, particularly the first vessel, each forming an infundibulum which, by diffusion, was lost in the general envelope, and also contributed towards its formation. The aneurism formed a tumor of a spheroidal shape; its longest or vertical axis measured  $2\frac{1}{4}$  inches, its transverse  $1\frac{1}{4}$  inches in the widest part; its greatest circumference was a little more than 6 inches; above this it became gradually rounded, and was lost in a superior segment, having no outlet; below this it grew more slender, and most inferiorly was only  $4\frac{1}{4}$  inches in girth. It was placed obliquely across the lower part of the trachea, the inferior extremity pointing to the left, and the superior to the right side; the main body of the tumor was on the right half of the trachea. The tumor and trachea were separated by a firm and dense layer of fat; in the back part of the former was a groove where the latter had rested. The aneurism, posteriorly, had also the following relations from without inwards :—superior intercostal artery, phrenic nerve and internal mammary artery, while more posterior to these was the pneumogastric nerve, and curving round the swelling the recurrent laryngeal branch; its external border was connected to the inner surface of the superior lobe of the right lung, by transverse bands of cellular membrane. The aneurism was solid; and upon division its cavity was found filled with a hard mass of indurated fibrin, disposed in concentric laminæ, and of a buffy light red color. The only communication through the aneurism was a channel, admitting a bougie, through which the blood flowed from the aorta into the subclavian; and a small fissure existed on the exterior of the tumour at the junction of the sterno-hyoid with the sterno-thyroid, and nearly in the mesian line. It led into a canal directed downwards and backwards, situated within the fibrinous mass, nearer to the anterior than the posterior wall of the sac, and extending nearly across from the one to the other.

**RIGHT COMMON CAROTID ARTERY.**—This vessel was intercepted  $2\frac{1}{4}$  inches from its origin, it gradually tapered to this limit, as a firm distended, slightly flattened cord; but here its place was occupied by a strip of condensed areolar membrane, which connected the former part with the rest of the artery; beyond this band, the artery began pointed, and gradually swelled out into its usual form and calibre. The interior of the portion below the band, was filled with a clot of lymph, which was firm, truncated, reddish, fibrillated, and adherent to the inner wall; the superior portion was occupied, for nearly an inch, by a similar plug, but above this point, the artery terminated in the external and internal carotid, both of which branches were pervious, although the former contained, at its origin, a delicate clot, measuring three lines in length, and