

over, 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 innominal 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 shows 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 matter to be able to distinguish whether aneurism pointing in this part arise from the innominata or aorta; as if it be the former, operative interference may be justifiable, while if it be the latter, such procedure is inadmissible. In some cases this diagnosis cannot be made during life, but in others, of a less obscure kind, a correct conclusion may be formed—and perhaps in future cases the following differential arrangement may be found useful. It refers merely to the distinction of the tumor in the episternal cervical pit, and not to the diagnosis of the aneurisms generally.

INNOMINATAL.

Most frequent.
Development more rapid.
Unilateral.
Inclined to the right.
Proceeds from the right to the mesian line.
Attachment expanded.
Basis dextrolateral.
Occupies whole length of arch segment of innominata.
Signs of aortic aneurism absent or doubtful.
Dullness greatest about the sterno-clavicular joint.
The remote symptoms of aneurism confined to, or chiefly observed in, the right side of the body.

AORTIC.

Less common.
Formation more gradual.
Symmetrical.
Equi-distant from either side.
Ascends mesianly.
Attachment pedunculated.
Basis inferior.
From a part of the arch between the innominata and left carotid.
Signs of aortic aneurism invariable and evident.
Dullness greatest over centre of manubrium.

The remote symptoms of aneurism occur at least in the first instance on the left side.

It is expected that an exception may be met with to one or more of these distinctions, for they are only intended, like other diagnoses, to apply to the generality of cases. Besides the above vessels (innominal and aortic) it is just possible, that through great rarity, an aneurism might be produced in a similar situation, either by a lateral diversion of the root of the right common carotid, or by the thyroid, middle or inferior, artery communicating with the cavity of an abscess. Such cases would be characterized by their own individual features, as the higher locality of the tumor, &c., as well as by an absence of the positive characters of innominal aneurism.