

ilar to those, ordi-

aneurism having

the distal than on

are instances that
and proceeded to a
that the immediate
remaining class
occurred, or having
come larger, and a
e inquiry:—

I have only found
lar to admit of par-
s. The first failure
rang from the right
e right carotid was
e effects of the liga-
was not obliterated.
she having all along
s of aneurism, and
ilure of the carotid
t little doubt that a
st operation, had she
y to prevent such a
as saved by it.”—
as it, at first sight,
un. For while Mr.
more prudence been
its place among the
e carotid is not ren-
nominatal aneurism,
that, in reality, deli-
o aneurism in exist-
lico-Chirurgical tran-
m nearly half of the
of the thyroid car-
rnally, over the cla-

vicle. There was also extreme dilatation, and ossific degeneration of the thoracic aorta. On the 25th September, 1839, the right carotid was tied. On the 14th day, the ligature came away; the tumor was evidently lessened although pulsations continued. He left the Hospital against the wishes of the Surgeon; the tumor then rapidly increased, attained double its former size, and he suffered so much from dyspnoea that 69 days after the first operation, the subclavian was tied. The report says by the latter his life was prolonged 76 days, and that before it was undertaken “he appeared to be almost at his last gasp from suffocation, and great fears were entertained lest he should expire under the operation.” The further details, as in the former case, are here omitted from being irrelevant to the question under inquiry. The failure of the carotid deligation is not accounted for; it may have been that after having left the Hospital too early, he resumed his usual avocations and old habits, before the fibrinous changes in the sac were strong enough to resist the excitement of circulation, induced by his premature indulgences. Thus assimilating the case to the former one.

The third case in this class is usually disregarded, because its principal details are unknown, and no opinion can be formed either of the extent of the disease, or of the effect of the treatment upon it. In the *Lancet*, for 1834-35, it is simply stated that a man had a prominent and frightful tumor of the neck, which was *supposed* to be an aneurism of the innominate, and was menacing rupture; the right carotid was tied by Mr. Scott. The upper part of the swelling, *sometime* after the operation, appeared to have diminished, and afterwards the sac opened, probably from having inflamed, and a quickly fatal hemorrhage ensued. No post mortem was allowed. These cases, then, are not calculated to originate any unfavorable impression against the real merit of the operation. But leaving this:—the question of failure may now be examined in a more general way. If we are to judge from 6 of the 10 cases of innominate aneurism, of which we have the fullest particulars, we shall not entertain much hope for the ultimate preservation of an individual similarly circumstanced; for their character is of a hopeless nature, it appearing that although the operation be perfectly successful, yet life cannot be enjoyed any great length of time afterwards, in consequence of the destructive influence of kindred morbid causes with which the aneurism is associated. A patient may, therefore, survive the dangers of the ligature, and surmount every circumstance connected with it, the occlusion of the sac may also be most satisfactory; yet other agencies are at work, from which he cannot escape, as they are not remediable. Nearly all cases of this aneurism, operated upon, have been complicated with disease of the aorta of the class of disorganizing inflammations; frequently, too,