The *sex* is of some importance: women carry aneurysms without fatal misadventure longer than men, presumably because they are subjected to less physical strain.

The *occupation and social position* of the patient is a consideration which influences the prognosis along the same lines: the man who can take things quietly, and rest as much and as long as he needs, stands a far better chance than the man who must work or starve. Of course, there are extraordinary exceptions: men with large aneurysms have been known to work at laborious occupations for years, but the great majority are not so fortunate.

Most thoracic aneurysms are syphilitic in origin, and result directly from spirochætal infection of the aortic wall. Unhappily, it is not always possible to detect this morbid process in the pre-aneurysmal stage, and once the aneurysmal sac has reached such dimensions that it produces symptoms, the aortic wall is injured beyond repair; yet *early diagnosis*, such as is now possible by means of radiography, does undoubtedly improve the patient's chance. This comes about in two ways: vigorous mercurial treatment, if instituted as soon as the diagnosis is made, prevents extension of the aortic disease; and the patient also comes under restraining influences in time to obviate, or at any rate to postpone, disaster.

The *site of the aneurysm* has a most important bearing on the patient's hope of survival. Something has already been said about this in considering the risks of sudden death. Broadly speaking, it is the aneurysm that springs from the ascending extrapericardial portion of the aorta that lasts longest: its tendency is to extend to the right into the lung, or forward by erosion of the chest wall, and in spreading in either of these directions it encounters structures of relatively little importance: the pain that is caused by injury of intercostal nerves wears the patient's strength down; but when the aneurysm bulges forward as a definite tumour consisting mainly of solidly packed clot, it is astonishing how long life may last. Even when the swelling has attained a very large size, the patient may carry it for months, or even years. The writer recollects one such case, in which the aneurysmal sac presented over the greater part of the right front, below the right costal border, and also below the inferior angle of the right scapula; and yet the patient survived in hospital for several months and died eventually of exhaustion, though the sac had leaked through the front of the chest wall for weeks. One of the worst things that can happen to an aneurysm arising from this part of the arch is rupture into the superior vena cava; this often leads to death in a few days, though, in one case seen by the writer, the patient survived for several months after the rupture occurred. Rupture into the pulmonary artery is less immediately fatal, especially when the communication is established gradually, as it is in some cases.

The most quickly fatal form of aortic aneurysm is that which arises from the intraperitoneal portion: this type shares with coronary aneurysm a peculiar predilection for rupture into the pericardial sac.