

and also involves certain risks. In the first place, there are but few cases of abdominal aneurysm in which the aorta can be compressed on the proximal side of the sac, which generally lies too near to the costal border to leave room for compression. In the second place, the pressure which is necessary if it is to be effective, is such that it introduces a risk of injury to the bowel and other abdominal viscera, and fatal results have already been produced in this way. A preliminary laparotomy might remove this risk, but it introduces fresh disadvantages, so that this method cannot be said to promise better results for most patients with abdominal aneurysm.

Gelatin injection. There is, lastly, this method of Langerhans. Though good results have followed in a few instances, no improvement has been recorded in the majority of published cases. There is some risk of tetanus following the injection, though this has been circumvented by more careful sterilization of the gelatin. It is to be feared that this method does not improve the patient's prospect of cure.

It seems, therefore, that we must be content, for the present at any rate, with the ordinary medical treatment, along the lines introduced by Tufnell—absolute rest, reduction of diet and particularly of fluids, and administration of potassium iodide in full doses. This does not promise any great likelihood of cure, but it is at least free from risk; and since the patient is already invalided by pain, it does not impose any great restriction upon the activities which he would otherwise be free to pursue.

Carey F. Coombs.

ANEURYSM, INTRATHORACIC.—Aneurysm, and fusiform diffuse dilatation of the aorta, must be considered apart, since the factors influencing prognosis are totally different in the two affections. This article, therefore, is devoted to a summary of the prognostic factors of sacculated aneurysm within the thorax.

The outlook in a patient afflicted with this disease depends on the balancing of two factors: the rate of growth of the aneurysm, and the rate of coagulation within the sac. Increase in the size of any aneurysm threatens to end the patient's life by hæmorrhage; to this, in the case of aneurysm within the chest, are added the various disabilities and dangers involved in pressure on vital or sensitive organs and tissues.

General Outlook. Does *complete recovery* ever occur? In quite a number of autopsies, 'healed' aneurysms of the thoracic aorta and its branches have been found, but these were not detected during life. A few cases have been recorded in which an aneurysm, unmistakably present and even projecting through the thoracic wall, has become solid and remained so for periods of over ten years. The longest duration of which I can find any record was in a case quoted by Osler, in which the patient lived over twenty years after the condition was first diagnosed. So favourable a result as this is, however, highly improbable, even in these days of early diagnosis by radiography.

As to the *average duration of life* from the onset of symptoms, de Havilland Hall's recently published figures are of value, since they