

to the features which promise success along these lines further than to say that extirpation is only possible when it is a branch of the aorta, and not the aorta itself, that is implicated. Such aneurysms, e.g., of the renal or hepatic arteries, are diagnosed with the greatest difficulty, and are oftenest found by accident or through exploratory laparotomy, so that there are no indications to enable the clinician to forecast a successful result.

Influence of Treatment on Prognosis. The question that we should like to be able to answer is, Does any more radical method of treatment yield better results than the usual plan of rest in bed, with strictest diet, and drugs?

Proximal ligature of the abdominal aorta has been practised, both in aneurysm of the aorta and of its branches, in each case with immediately fatal results. The hepatic artery has once been successfully tied on the proximal side of an aneurysmal sac; but this aneurysm is extremely rare and seldom diagnosed. Moreover, in three other cases, this operation was fatal. Aneurysm of the iliac artery within the abdomen and pelvis has been attacked by proximal ligature in 33 instances where the results have been recorded; recovery ensued in 9, the operation killing the remainder.

Extirpation is clearly impossible in nearly every kind of intra-abdominal aneurysm. It has, however, been successfully carried out in the treatment of aneurysm of the renal artery, the kidney being excised together with the sac.

Incision, the method introduced by Macewen, cannot, as a rule, be safely undertaken except after incision of the belly wall. It is true that in Macewen's case this precaution was not taken, and the result was nevertheless satisfactory, the patient being alive and at work two and a half years later; in other cases, however, death has followed immediately after needling.

Introduction of wire into the sac, Moore's method, has been practised 10 times for abdominal aneurysm, death following more or less immediately in all but 2 instances. Corradi's modification consists in the passage of a *galvanic current* through the wire introduced into the sac. This procedure has been put to the test in thirteen instances of abdominal aneurysm. The best result was in one of Finney's cases, the patient dying, three and a half years after operation, from rupture of the sac. In one other case the patient did well, dying eight months later of dysentery. The fate of a third patient is unknown, but cure was improbable. In the other cases, death followed within a few days.

It appears, therefore, that all surgical methods hitherto devised introduce an unjustifiable risk without offering any certain advantages to counterbalance it. One or two other plans of a somewhat less dangerous nature have to be considered.

Prolonged proximal compression through the abdominal wall, the method introduced by Murray, of Newcastle, and successfully applied by him to one patient who was alive six years later, has its limitations,