

however, exceptions to the general rule; and the average expectation of life from the onset of symptoms, judging from the 86 cases included in these two series, is not more than fifteen months. The shortness of this period, as compared with that of thoracic aneurysm, is no doubt largely due to the greater difficulty of diagnosis; it cannot be related to the greater extent of danger to the abdominal variety, for there is not the same risk of injury to vital structures that there is in aneurysm within the chest. An aneurysm of the abdominal aorta is usually limited to the retroperitoneal tissues, and it is into these tissues, in the great majority of instances, that the fatal rupture which terminates most cases occurs. The course of abdominal aneurysm is short because its earlier stages are not productive of symptoms.

Sudden Death. In almost two-thirds of Nimmeley's cases, in all of which the diagnosis was verified by post-mortem examination, the end came suddenly. In nearly all of these it was due to rupture, usually into the retroperitoneal tissues, rarely into the peritoneal cavity. It is this predisposition to rupture that makes an abrupt termination rather more frequent here than in aneurysm of the thoracic aorta; for, curious as it may seem when we reflect upon the varied opportunities presented to the thoracic aneurysm of rupture into neighbouring hollow viscera, it is the abdominal aneurysm, limited as it is by the parietal peritoneum lying in front of it, that bursts the more readily. In many instances the end is dramatically sudden, no warning of its approach being given until the patient drops dead. In others, a period of collapse sets in abruptly, with or without pain, a few hours before death. It is therefore essential to remember that when a patient with abdominal aneurysm faints away, it is likely that his hours will be few, particularly if severe pain accompany the onset of the faint. It is the more necessary to bear in mind this liability to concealed hemorrhage, because it is so rare to find bleeding from an abdominal aneurysm declaring itself in the form of hæmatemesis, or melæna, or other external hæmorrhage.

Features of Prognostic Significance. Everything that predisposes to activity on the part of the patient is prejudicial to recovery or prolongation of life. This factor counts for less, however, than in thoracic aneurysm, probably because the pain of abdominal aneurysm is so crippling as to reduce nearly every one of its victims to a state of complete invalidism. For this reason, neither the age nor the occupation of the patient seems to have much bearing on his expectation of life, if we may judge from the records of cases. Sex, again, is of little importance, or at least it is difficult to assess any importance which may attach to it, for abdominal aneurysm is a rare disease in women.

Apart from such evidences of rupture as have already been mentioned, there is no help to be gained from the nature of the symptoms and physical signs in arriving at an accurate prognosis. It is true that, in a very few cases, surgical treatment has achieved satisfactory results; but the number of these is so small that it is impossible to generalize