

Let us now examine the etiological conditions. To bring about an aneurysm, there must be first of all a soil, that is a lesion, which weakens the elastic resistance of the vessel. This lesion has, for causes, those which lead to arteritis and endarteritis, from alcoholism to syphilis. In 1554 Fernel affirmed that the venereal virus was a cause of aneurysm. To-day no one disputes the preponderating influence of syphilis as a cause of aneurysm. The arteritis, which it produces, seems to have the *vasa vasorum* as the point of departure. As the next step, it is often, if not always necessary to have an *infection* added, such as rheumatism or grippe, which causes micro-organisms to become imbedded in the lining membrane.

These two conditions being established (the second may be wanting, or pass unobserved), that which brings about the aneurysm is the continuous action of the *arterial tension* on the arterial walls, whose resistance is lessened.

Hence it follows that the treatment must be directed to the vessel walls (taking into account the causes which have placed them in a state of lessened resistance), to the blood itself and to the arterial tension.

The author then refers to the various forms of treatment that have been adopted—surgical treatment, coagulating injections, direct compression, indirect compression, acupuncture, galvanopuncture, ligature of the carotid arteries, treatment intended to modify the aneurysmal walls, such as applications of ice, etc. Treatment intended to modify arterial tension has met with greater favor. In 1728 Valsolva and Albertini proposed to treat aneurysm by absolute rest and a very reduced diet, having as their objective the lessening of the pressure of the blood on the arterial walls.

Treatment directed to the coagulation of the blood is represented by that of Graves and Stokes, who tried to cause coagulation of the blood by means of nutrition as substantial as possible and a long list of coagulating drugs, acetate of lead, tannic acid, perchloride of iron, chloride of calcium, etc., all have been abandoned, in view of their inactivity or symptoms to which they give rise.

But the question has assumed a different aspect since Lancereaux and Pauleseo (starting from the experiments made by Dastre and Floresco as to the coagulating properties of gelatin) have given us a treatment which seems to be far superior to all others.

Gelatin contains a small quantity of calcium and is feebly acid in reaction. Possibly these two elements play a small part