

the arterial wall. Thus, in truth, whether the important factor in arteriosclerosis is of a mechanical, bacterial or chemical character, the degenerative reactions in each play an important part in the progress of the disease. In the late atheromatous softening, with its complex chemical constituents, the deposition of calcareous salts is directly associated with the presence of these fatty bodies. Such atheromatous areas have their beginning in and their progressive enlargement due to the destruction of a variety of cells which by disintegration liberate their fat content.

BIBLIOGRAPHY.

- Anitschkow. Ziegler's Beiträge, 1913, lvi, 379.
 Aschoff. Verhand. d. d. Path. Gesell., 1910, xiv, 123.
 Dmitrijeff. Ziegler's Beiträge, 1897, xxii, 207.
 Fisher. Ziegler's Beiträge, 1900, xxvii, 494.
 Hallenberger. Deut. Archiv. f. Klin. Med., 1906, lxxxvii, Ht. 1, 2.
 Ignatiobraski. Virchow's Archiv., 1909, 192.
 Jores. Arteriosklerose, Bonn., 1903.
 Idem. Cent. f. Path. Anat., 1903, xiv, 865.
 Klotz. Jour. Expl. Med., 1905, xxxiii, 633.
 Idem. Jour. Med. Research, 1914, xxx, 373.
 Moenckelberg. Virchow's Archiv., 1903, clxxi, 141.
 Ribbert. Verhand. d. d. Path. Gesell., 1904, vii.
 Saltykow. Verhand. d. d. Path. Gesell., 1910, 140.
 Virchow. Cellular Pathology. New York, 1858, 380.

DESCRIPTION OF PLATE III.

FIG. 1. — Large lutein or endothelial-like cells in the intima heavily loaded with fat.

FIG. 2. — Stellate connective tissue cells with fat deposits.

FIG. 3. — Spindle-shaped connective tissue cells of the intima containing much fat.

FIG. 4. — Fatty degeneration of the muscle cells in the musculo-elastic layer of the intima.