

during life, but are seen for the first time on the post mortem table, having died suddenly from blocking of a coronary artery, cerebral hemorrhage or rupture of an aneurism. Among important symptoms of arterio-sclerosis are the following :

*Hypertrophy of Heart.*—In consequence of the peripheral resistance and increased work the left ventricle increases in size. The chamber may be little if at all dilated. The signs pathognomonic of arterio-sclerosis are : increased arterial tension, a palpable thickening of the arteries, hypertrophy of left ventricle and accentuation of the aortic second sound. For years the patient may maintain good health ; there may be no renal signs, or perhaps transient albuminuria. The subsequent history will depend on the accidents which are so liable to happen, and may be cardiac, cerebral, renal, etc.

Increased arterial tension has been mentioned as an important sign. It may be difficult to estimate how much of the hardness and firmness is due to the tension of the blood within the vessel and how much to the thickening of the wall. If, for example, when the radial is compressed with the index finger, the vessel can be felt pulsating beyond the point of compression, its walls are sclerosed (Osler).

*At the heart,* the involvement of the coronary arteries may lead to some of the symptoms already referred to, viz., thrombosis with sudden death, fibroid degeneration, aneurism of the heart, rupture and angina pectoris. Angina is almost always associated with arterio-sclerosis. Dilatation ultimately following hypertrophy may give us dyspnoea, scanty urine and serous effusions. The existence of a loud blowing murmur at the apex may lead the M.D. erroneously to suppose the existing distress is due to chronic valvular disease, if he is seeing the patient for the first time.

*The cerebral symptoms* are important and varied. Transient hemiplegia, monoplegia,

or aphasia may occur in advanced arterio-sclerosis. Recovery may be perfect. It is not clearly known upon what these attacks depend. *Renal symptoms* are found in many cases. It is difficult to decide clinically whether the arterial or the renal disease has been primary.

*Respiratory symptoms* are often found, particularly bronchitis.

*As to the treatment* of this disease, it is mainly preventative, in avoiding those influences which act as causes of the disease, viz., indulgence in alcoholic beverages to the extent of bringing about a gouty state of the blood ; excessive muscular efforts, particularly in constrained positions ; postures which involve the long continued contraction of muscles surrounding arteries ; and, as far as the brain and heart are concerned, all those states which favor overfullness of their respective arteries—*in the brain*, excessive mental application, deficient sleep, prolonged periods of sexual excitement (Little), grief, or prolonged anxiety ; *in the heart*, efforts which involve holding the breath, causing distension of the right cavities and preventing free return of blood from their walls. This is what causes the life of the pearl diver to be a precarious and short one. Some of these men die from the effects of disturbed blood pressure in a few months, while deafness and incipient paralysis are commoner features. Could we prevent syphilis and the abuse of alcohol, could we ensure everybody against excessive bodily and mental strain, we should go far to obviate the necessity for trying to treat these arterial changes and their allies, concomitants and results, at least, until a late period of life. Plumbism is, according to English writers, another cause of a preventable kind.

The chief means of prevention is a strictly hygienic manner of life. Although there is reason to believe that arterio-sclerosis may be a matter of inheritance;