

pressure. I think that when gross changes in the arterial walls are present, an increase in the *pulse pressure* will usually be observed, as much perhaps due to a fall in the diastolic as a rise in the systolic pressure. It has, however, I believe, been demonstrated (eliminating comparatively trifling alterations in pressure) that arteriosclerosis in itself does not produce rise of blood pressures. Primary atherosclerosis, which is a common degenerative change of advanced age, and called by Sir Clifford Albutt "decreascent atherosclerosis," is not accompanied by any marked rise in blood pressures. When, however, arterial changes are found in association with a high pressure the degeneration is presumably secondary to the pressure and directly due to mechanical stresses as a causative agent. The distinction between the two types of arteriosclerosis is of great clinical importance, both from the point of view of treatment and prognosis. Further, if we eliminate from this group of arterial degenerations cases due to interstitial nephritis, there remains a not uncommon type, in which arterial degeneration is accompanied by high, and frequently excessive, pressures. It is to this disease that the term *hypertensia* is applied. There seems little doubt that to this group many cases formerly called "prescleroses" by Huchard, and "pre-nephritis" by Mahomet, properly belonged.

Before considering the early symptoms of this disease let me quote from Sir Clifford Albutt a description of a moderately advanced case: "A patient of 55-70 years of age, or sometimes still younger, will tell us that in ascending hills he has found himself pulled up by shortness of breath; perhaps also by a substernal constriction. His countenance may be healthy, or may be too florid, or may show a sallowish ground tint with a splash of ruddiness upon the malar eminences, tints apt to turn bluish on exertion; . . . or the symptom to drive the belated patient to the physician may have been a sudden hitch in his talk, or a vertigo, or a passing paresis of a hand or arm. Probably we shall be told that, if naturally of energetic temperament, he had of late lost his elasticity, had become more sluggish, fretful and despondent, especially early in the day; he would 'pout upon the morning, cheering up a little towards evening, . . . or he may speak—and this is a significant symptom—of unaccountable 'bronchial colds'; and with this he may have had 'billiousness,' with lassitude, peevishness and drowsiness, and perhaps one or more unaccountable attacks of nose bleeding."

Not uncommonly the nervous irritability is the first symptom to attract attention, and so these patients are frequently treated for neurasthenia, sometimes for long periods, and valuable time is thus lost. One of the earliest physical signs may be a rise in the diastolic pressure, soon,