

by any such hereditary limits. Even in children and youths it is by no means rare, though I have little information on the deferred consequences of hyperpiesis in such patients. Such information must be obtained from the family physician, who watches children from infancy to youth, from youth to maturity. This I can say, that in young people it may thicken the arteries plainly enough; but the thickening is probably of the muscular coat only, not of the intima, for it will disappear, as a hypertrophy of the heart disappears in persons who put aside causes of exceptional stress on this organ. The care of these juvenile cases, then, does not fall so near the group of potential apoplectics as to require our attention to-day. Still, I think a study of these precocious cases may throw light not only on an undescribed disorder of children, but also upon the causes of hyperpiesis in the elderly.

The aim of this discourse is to prevent apoplexy, which is a message to elderly persons. I have held against all comers for many years that arterio-sclerosis, as distinguished from the sclerosis decay of senile involution, is not the cause but the consequence of rising arterial pressures. In my view, then, prevention must lie first in the detection of a special tendency to a persistent mean rise. I need not say that occasional rises, even of morbid origin, are apt to occur in all persons, and to disappear before the vessels are permanently damaged. In others, however, the rise is persistent, often to very high degrees; yet if this tendency be detected in its earlier phases it can—in many instances, at any rate—be reduced and kept down; but the longer the story, the older the rearrangement of parts, the harder reduction becomes. I urge, then, that as a matter of routine every adult of the age of forty and upwards should have his blood pressures measured by the best instruments available, instruments which I have not now time to discuss. And I urge that this appreciation should be repeated every five years, say till the age of sixty, when, if there be no great increase—I say no great increase, for in almost all elderly persons there is some rise of mean pressure—the danger of apoplexy may be disregarded.

Of the principles of treatment of hyperpiesis we cannot be completely assured till the obscure points I have mentioned are cleared up. That there is any difference in treatment between the leathery and the wiry artery people I cannot say. So far I have not been able to discover more than that, as I have hinted, in the latter the perversion is far less submissive to deobstruent treatment, as generally understood, than in the former. Nor can I find any therapeutical divergence of practical value between burly, red-faced people and the spare and pallid. I am disposed to think, however, that pallor and wiry vessels are more frequent among the sedentary, and that the burly, red-faced people are of those who may over-eat and over-drink themselves, but take, on the other hand, much