

between acute infective diseases and progressive lesions in the intima of the larger arteries. These lesions, though apparently of little account at the beginning, may become autochthonous and develop into definite nodular endarteritis with atheroma. Thus even when the initial factors leading to the fatty streaks are removed a vicious process is established which may lead to a nodular arterio-sclerosis or atheromatous ulceration.

We have found no evidence that before the development of the fatty streaks of the aorta a degenerative or other condition in the media is associated with the growth of connective tissue in the intima; but there is every indication that the production of tissue in the intima is the result of a direct irritation of that tissue by the presence of infection or toxins or of the stimulation by the products of a primary degeneration in that layer.

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