

aorta which could lead us to believe that the chemical characters of particular portions offer a better nidus for the infection, nor is there anything in respect to the microorganism whereby preference would be shown in localizing in one or other portion of the vessel.

The common localization of syphilitic arteritis upon the ascending aorta with the transverse and descending thoracic aorta following next in frequency is now well known. The aortitis beginning in the first portion of the aorta usually localizes at a point just above the aortic ring and then spreads with considerable rapidity along the arch of the aorta for variable distances. The lesion also makes its way in the opposite direction, so that the tissues at the aortic orifice, particularly the valve leaflets, become more or less involved. The spread toward the heart, however, progresses more slowly and we have several examples where, although there was clinical evidence of incompetency of the aortic valve, this was due not to disease upon the aortic valves but to a stretching of the aortic ring. In these instances the syphilitic disease of the aorta stopped fairly abruptly at the upper margin of the sinuses of Valsalva and did not produce any lesion in the aortic tissues contained within the heart. An interesting feature of the syphilitic process of the aorta is the sharp line of demarcation which separates the diseased area from the healthy. This boundary marks the advancing border of the syphilitic process extending to occupy new tissue. The involved aortic wall with its marked thickening, corrugation and scarring is also in sharp contrast to the aorta in other portions. This contrast is decided whether the non-syphilitic areas show scleroses of other kinds or not. The syphilitic process does not come to occupy any particular face in the circumference of the aorta and thus does not show a characteristic distribution like the nodular endarteritis which is so commonly observed in the vicinity of the mouths of the intercostals and at the entrance of the ductus arteriosus. The syphilitic process almost always surrounds the lumen, though, as we have pointed out before, the intensity of the involvement at particular points differs in the individual cases.

Another peculiar feature of syphilis of the aorta is the infrequency with which two foci develop concurrently upon separate portions of the aorta. Occasionally, a dual localization is found to