

is noted in the intima, this is shown to result from a fatty degeneration of the deep muscular elements in the intima, without any change being noted in the media. Ribbert believes that the fatty change in the intima is due rather to the stretching of the vessel wall so that the endothelial cells are pulled asunder, letting in the fat-laden lymph. This lymph, in some unexplainable way, deposits its fat in the deeper layers of intima.

Branson and Michels and Weber have added new cases to the already extensive literature on endarteritis obliterans. The cases reported were among Polish Jews working in tobacco factories, and themselves heavy cigarette smokers. The authors rise the question, whether in these cases tobacco was the causative agent. Lazarus Barlow believes, that such cases have much regenerated tissue in the intima, and showing no signs of calcification, are of syphilitic origin. This is, however, too sweeping a statement, as syphilis can be ruled out in many. As to the origin of the newly proliferated tissue the controversy still exists, whether it consists of endothelial cells or connective tissue. Baumgarten is a strong supporter of the former theory.

The views on syphilitic arteritis have not been changed from those enounced by Chiari. The lesions are primarily a mesarteritis following the smaller blood vessels, with a secondary endarteritis that seldom calcifies.

As to the treatment of arteriosclerosis, Professor Romberg points out that digitalis seems still to hold the highest rank, and is favourably given in cases where there is not actual or threatened hæmorrhage. Sawada, however shows that in cases of arteriosclerosis with involvement of the kidney the arterial tension is not high, and digitalis may be given in small doses with good results. Groedel's method of giving a couple grains of freshly powdered digitalis leaves once or twice a day is particularly recommended. When cardiac weakness from coronary sclerosis is combined with abdominal plethora the arterial pressure is often raised. In such cases active purgation is valuable. For the general treatment of arteriosclerosis the best medicinal remedy is potassium iodide. This does not, according to Professor Romberg, reduce blood pressure, nor has it a direct action upon the pathological process. He believes on the ground of Mueller and Inanda's experiments, that it reduces the viscosity of the blood and so lessens the work to be done in the vascular system. It is not to be given when there is œdema of the lungs, or when arteriosclerosis is complicated by Graves disease.

Of great importance is the regulation of the patient's habits. Arterio-