

attack them simultaneously, leaving one, or another, or all, badly abused. Repair of the injuries results in fibrosis which may manifest itself in the "senile syndrome."

The hypertrophy of the heart has its beginning in a process of repair of the heart muscle damaged by bacterial invasion. Subsequent factors, such as increase of the blood pressure and the effect of retained excretory products, probably assist in increasing the cardiac hypertrophy in the later stages of the disease.

The typical arterial lesions under discussion are not what is ordinarily classified as an arteriosclerosis, but consist mainly in a periarterial reaction. Just what relation there may be between the periarterial inflammation of this type and nodular intimal arteriosclerosis, we are at present unable to say. However, this is evident from our observations, that the periarterial inflammation following the vasa vasorum precedes the reaction in the intima. The late manifestations of the arterial involvement are observed in a perivascular fibrosis.

The kidney lesions are of the nature of a true non-suppurative interstitial inflammation which begins in the perivascular tissues. The inflammatory reaction follows the distribution of the arterial supply, involving also the glomeruli to a greater or less degree. The chronic stage follows with repair by fibrous tissue, and subsequent contraction of the organ leads to the small granular kidney. Tubular changes are not great and are secondary.