

spot, might keep up general and persistent vaso-motor contraction. Still this is not very probable, nor do I know that this is the view of those who discuss "hypertonus." Must we not assume for the present that hypertrophy in the arteries is produced by the same mechanism as in the heart, namely, by persistently excessive pressures on their internal surfaces? In my opinion the vice lies not in a morbid tone of the vessels, but in excessive internal pressures, such as obstruction at the periphery would set up. If, then, arterial spasm be also a factor in the hyperpiesis, it seems more consistent to attribute this to the same cause as that, whatever it may prove to be, which chokes the periphery. My observations are that in some cases of rising pressures without Bright's disease, arterial spasm, whether primary or consequential, is manifestly present; but in others, perhaps the majority, it is not obvious. In some we have what I have called the "large, lax and leathery" artery; in others we find the "wiry" artery. The first kind may be regarded as "arterial tension," for in these cases the effects of tension are very manifest in the consequent tortuosity of the vessels; in the walls of wiry vessels this stretching effect, and indeed the sclerosis itself, is less apparent. Yet in my experience the wiry hyperpiesis is far more difficult to reduce.

However, to come to the matter of prevention; if, concerning the mechanism of persistent rise of mean arterial pressure, we are in the dark; happily, there is less doubt as to the treatment of the condition. If the patient is to be saved from an apoplexy, it is only by long anticipation that the proclivity can be counteracted. It seems probable that a disposition to hyperpiesis runs in families; if so, in such families vigilance is imperative. But the tendency is too common to be regarded as one confined 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 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 today. Still, I think a study of these precocious cases may throw