

stration of the spirochete in a variety of arterial affections removed all question concerning the localization of the virus of syphilis in the tissues of the aorta and other vessels.

At first sight it would appear that the problem of syphilis and the arteries has been completely unfolded in the progressive steps illustrated in the many studies since the days of Pare. Most of the work has been developed in logical sequence from the early and rather gross observations to the minutiae of histology and bacteriology. We recognize fully the clinical importance of syphilis as a systemic disease and have many means for the diagnosis of its presence and for the discovery of its relatively early localization upon the arteries. We are, furthermore, aware that the localization of syphilis upon the vessels occurs with greater frequency in certain arteries, the aorta and cerebral vessels, than in others, as well as that the infection occurs in certain regions of these arteries with greater frequency than elsewhere. The predilection of the syphilitic virus for localizing in distinct districts in the aorta has always received much comment. It is true not only that aneurysm of syphilitic origin locates most commonly on the first part of the aorta but also that syphilitic aortitis in the earliest stages of its development is seen with equal frequency on this portion of the vessel. The mechanical theory of aneurysm which placed greater stress for the production of aneurysm upon the effect of high blood-pressure or, as others would have it, upon the effect of the velocity of currents, than upon the disease in the wall of the artery, had for a time enticed our attention into channels of thought and theory no longer tenable with the newer studies. Granted, of course, that two factors must be available for the development of aneurysm, first the weakening of the vessel wall and second the presence of a blood-pressure (normal, subnormal or excessive), we must not lose sight of the fact that for the development of true aneurysm, the presence of a localized weakening of the artery is of first importance. It is only a weakened vessel which can develop aneurysm; hence, appreciating that the spirochete of syphilis is the most common damaging agent of the aortic wall, the important point occupying our attention is, why should it localize with such great frequency in isolated segments of the aorta? There is nothing in the character of the tissue of the