

compromise the irrigation of the tissues, not only from the fact that the nutritive substances are rendered insufficient, but also—and, it might also be said, above all—because the irrigation diminishing in intensity, the waste products of cellular life are evacuated less rapidly and tend to accumulate in the organism. This decrease of vitality shows itself in the individual, not only by a more rapid advance towards senility, but also by diminished resistance to the different factors of morbidity.

Another consequence of vascular lesions derived from arterio-sclerosis is increased work for the heart, with fatigue of the organ, struggling to send the blood wave through vessels of diminished calibre and elasticity.

The symptoms of arterio-sclerosis are known to all. The patients present generally a dry skin, and are particularly sensitive to cold. Alopecia is frequent, the temporal arteries tortuous, the arteries hard, and the tension is often exaggerated. Sometimes symptoms of angina pectoris are observed, with dyspnea on slight effort and dilatation of the aorta.

Auscultation of the heart reveals a bruit de galop, and the second sound sharp and strong. Insufficient irrigations of the lower limbs may provoke pains of an undefined character—tarsalgia, cramps, intermittent claudication, and even gangrene of the extremities.

The kidney is generally affected with interstitial nephritis, manifesting itself by cramps, sensation of numbed fingers, polyuria, with diminished toxicity of the urine, while albuminuria may be absent or insignificant.

Arterio-sclerosis can also provoke hemorrhage, epistaxis, hemoptysis, hematemesis.

As regards the brain, the morbid symptoms may vary between slight inaptitude for work to cerebral hemorrhage.

Prof. Windscheid, of Leipzig, gives three signs of arterio-sclerosis, which, when associated, possess great value as a means of diagnosis: headache, vertigo, loss of memory. Another symptom remarked by Dr. Scheffler, and which he considers of great importance, is an extraordinary intolerance for alcohol on the part of the patients.

Such is a summary of the principal morbid troubles due to arterio-sclerosis.

The diagnosis may be either very easy or very difficult, according to the case. But in the presence of a patient over 40 years of age, the clinician should always bear in mind the possibility of the existence of sclerous lesions, and examine carefully the