

tory process as it made its way along the vasa vasorum from the periarterial structures to the vessel wall proper. Under these conditions it was not difficult to demonstrate a chronic mediastinitis which, though of very irregular distribution, nevertheless had a distinct course along lymphatic channels to and from the mediastinal lymph glands. These inflammatory processes appeared mild in degree and would not have attracted attention save that in following the channels more closely it was found that periodic exacerbations occurred along their tracks. A varying amount of fibrosis was the outcome of the reaction. Where the more aggravated response led to local cellular infiltration occasional true gummata appeared. It was, however, quite unusual to find marked gummatous destruction of the mediastinal tissues; in fact we have observed this in only one instance. The lymph glands themselves may respond in the earlier stages of the disease by hyperplasia but we have found it unusual for these glands to enlarge to such a degree that they would clinically or even pathologically attract attention. During the subsequent process of the syphilitic infection the diffuse fibrosis that is observed in the mediastinum also occupies in some degree the lymph nodes.

By thus localizing in the mediastinum, the syphilitic virus has an opportunity of attacking to greater or less degree the important visceral contents of this division of the thorax. The most accessible and important structure is the aorta. The heart itself is peculiarly isolated so that, although it has an extensive lymphatic drainage, it has no dominant compensatory lymphatics advancing upon it from the parietal pericardium. The only region in which accessory lymphatics become available is at the base where the parietal pericardium is reflected directly upon the great vessels. The trachea and large bronchi, which lie in close relation to the lymphatic system of the mediastinum, show a considerable immunity to the localization of the syphilitic virus. The ascending limb and arch of the aorta, on the other hand, are themselves surrounded by a network of lymphatic and bloodvessels and present a vulnerable tissue for the spirochete. Thus with the localization of the syphilitic virus in the rich lymphatic bed of the thorax, it becomes almost certain that the infection will also involve the tissues of the aorta.