as it has no connection with the blood in the lumen of the aorta. It is more likely that the aorta, having been degenerated at this point by the specific disease, a rupture occurred of one of the much dilated vasa. The nature of the hæmorrhage working its way from the deeper tissues towards the intima, and advancing in the vessel wall in the wake of the degenerative processes, would bear this out. Thromboses, which were found in several of the vasa, also illustrate the severe changes which had affected these capillaries.

That great degenerative changes were going on in the aortic wall is seen in the destruction of the elastic and muscle fibres of the media, and that the process was a chronic one is demonstrated by the thickened intima. These features are all in accord with a syphilitic affection of the artery.

Beyond the affected area in the aortic arch the vessel showed little change. In the pulmonary artery there was some inflammatory infiltration of the adventitia and media, but the abdominal aorta was without this change.

To summarise, we have in this case an indefinite history of congenital syphilis, with, however, lesions in the aorta which are identical with those of acquired syphilis, though these are more extensive than is usually seen.

As Wiesner noted in one of his cases, the inflammatory reaction which is found about the small vasa is eventually converted into connective tissue, so that fibroses of the vessel wall occur. These fibroses produce the puckerings and stellate scarring in the aortic arch, which in the adult have always been considered a sign of acquired syphilis even when such a history has been absolutely denied. May it not be that in some of these cases the scarrings of the aorta are the healed results of a congenital syphilis of the aorta? It must be that some of the cases of congenital syphilis with early lesions in the aorta recover, and that the remains of the arterial disease are to be recognised only in the fibroses and chronic inflammation of the tissues.

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