

THE CLINICAL SIGNIFICANCE OF ARTERIOSCLEROSIS.

Dr. Reginald H. Fitz, published in the *Boston Medical and Surgical Journal*, the address on this subject, which he delivered at the Hampden Medical Society. The address contains many excellent thoughts. It has long been recognized that the arteries of the brain, heart, kidneys, spleen, and extremities might show alterations similar to those found in the aorta. This knowledge has grown into the modern views of arteriosclerosis.

The disturbances produced by arteriosclerosis are due to the change in the caliber and elasticity of the arteries of the part affected. There results a loss of nutrition, which may be slow or sudden, in onset. The patient suffers from predominant affection of the brain, heart, kidneys, or extremities. It is well to recognize that there is an arterio-sclerotic encephalitis, myocarditis, or nephritis, as the prognosis may depend largely upon the basis for this arteriosclerosis.

The arteries are cordlike, resistant, tortuous with ribbed or granular surface. The tension of the pulse is high. The heart gives evidence of hypertrophy of one or both sides by an increased area of dulness, a more powerful apex beat and an accentuation of the aortic second sound, provided the aortic valve is sufficient. There may be visceral arteriosclerosis of the internal organs without the cordlike quality of the superficial arteries; and this quality of accessible arteries may be present without visceral arteriosclerosis. But it is a very significant sign, and usually indicates general arteriosclerosis. Tortuous, or ribbed, arteries are not so significant as cordlike arteries. In like manner there may be high pulse tension from other causes than arteriosclerosis. The hypertrophy of the heart and the accentuation of the aortic second sound may be absent in arteriosclerosis, or present in chronic nephritis, without arteriosclerosis.

Arterio-sclerosis may be divided with three forms: the central, the peripheral, and the visceral. In the central form the aorta and the large primary branches are affected, excepting these of the heart and kidneys. The diagnosis is made from the age of the patient, and the inspection and palpation of the innominate, subclavian, carotids, femorals and iliacs. There may be a concurrent dilatation of the heart.

In peripheral arteriosclerosis the condition of the accessible arteries is the chief agency in the diagnosis. There may be severe pain and numbness in the extremities, and the muscles may be easily fatigued, or cramps induced.

The symptoms in visceral arteriosclerosis are often indefinite. There are three principal types: the cerebral, the cardiac, and the renal. Some