

disappearance of the elastic elements. Others however deny that they are absent and claim that the disappearance is only apparent, elastic tissue being invisible as the result of loss of staining power. Those who hold the latter view are Unna, who notes this condition in œdema, Luithlen, Passarge, Jores, and others. Jores believes that this change explains the apparent loss of elastic tissue in pulmonary stasis, œdema, and lobular pneumonia.

*Fragmentation.*—With lesions such as aneurysm, arterio-fibrosis, etc., the elastic fibres are found broken into fragments and the condition may be designated as fragmentation. Koester believes that this is of inflammatory origin and considers the small fibrotic areas which are found in vessel-walls—the so-called Koester's spots—the result of a similar process. In these areas the elastic fibres are segmented, but this he claims is primarily due to the inflammation. Fabris supports him in this explanation; he produced necrosis experimentally, and then investigated the change which resulted in the elastic fibres. He found extensive fragmentation of this tissue. Jores appears to hold the same view concerning the condition. He does not consider, however, the gaps, which Thoma, Manchot, and others have described as isolated tears, to be anything other than the physiological openings or fenestra of the laminæ elasticæ.

Among those opposing this view are von Recklinghausen, Manchot, and Dmitrijeff. These authors hold that mechanical action is the cause of this breaking. Manchot observed in the walls of aneurysmal blood-vessels fragmentation of the elastic fibres, but no indications of inflammatory reaction in the other tissues of the wall. He considers it very unlikely, therefore, that the elastic tissue is attacked by inflammation while other tissues escape. The same observer has found interruptions in the course of individual fibres, and these, he thinks, are the result of excessive tension. Thoma advances the same theory and apparently believes that these isolated tears are the initial stage of diffuse arterio-fibrosis, while the patchy variety commences in foci where several fibres are involved.

Dmitrijeff thinks Koester's spots are small areas of granulation tissue occurring around isolated tears and that they are the result