

gave the reactions for elastin. Thus the entire vessel wall was involved in grave changes which though commonly beginning in a particular portion of its structure advanced rapidly to include all of its layers. In viewing the gradations of the changes in the vascular wall, one is not surprised that the blood pressure could be properly maintained within the channels. Irregular dilatations were the outcome, the dilatations occurring at the points most severely attacked and least able to contain the internal pressure.

Gall-bladder: Sections were made of the gall-bladder in the vicinity of the thrombosed cystic artery. In the tissue surrounding the gall-bladder there was a considerable edema along with a non-suppurative inflammation localized for the most part about the arteries. Along with the infiltration by lymphocytes there were also many plasma cells and some leucocytes. A proliferation of fibroblasts was also present. In these arteries with the perivascular exudate could be seen a degeneration of the muscular walls similar to that described in the liver. Here also was found a proliferative reaction in the intima accompanied by a lymphocyte infiltration. In the most severely damaged arteries thrombosis was present. The wall of the gall-bladder was in itself but little changed. Small collections of lymphocytes were seen between the muscle bundles. The mucosal surface did not show an acute inflammatory reaction, but the epithelial lining had desquamated.

Pancreas: The tissue was quite normal in appearance. There was no evidence of an inflammatory reaction. The small arteries were free from change. The islands were numerous and appeared healthy.

Spleen: The lymph follicles were very diffuse, so that they were not clearly defined. The pulp substance was much congested. There was no evidence of endothelial proliferation. Some of the blood vessels showed hyaline change of the intima, but there was no evidence of a perivascular inflammation.

Kidney: The tubules of the cortex appeared somewhat irregular on account of degeneration of the lining epithelium and the development of enlarged lamina. The tubular cells were somewhat eroded and there was some debris within the lumen. Some of the epithelial cells had lost their nuclear staining. The glomeruli were large and without evidence of fibrosis. Many of the glomeruli appeared quite cellular, but no definite infiltration by wandering cells was evident. The lining of the capsules and the glomeruli showed some proliferation. The glomeruli were quite compact. The vessels within the kidney were without change.

Mesentery: The sections of the mesentery showed a fairly fatty tissue through which were scattered a fair number of plasma cells and lymphocytes. The tissue appeared loose and edematous. There was no evidence of serious arterial involvement by inflammation. In a few instances small arterioles were seen around which scattered mononuclear cells were found.