

of strength, and the more feeble the system is as a whole the more feeble will be every part.

High fever and rapid action of the heart tend to weaken this organ, and I have no doubt that this is the reason why cardiac complications arise as a rule when rheumatism has been going on for a number of days. I don't think such complications are prone to arise much before the second week, and that indicates that the tendency to rheumatic inflammation of the heart becomes strongest after the system has been weakened. The heart is so enfeebled as to rapidly take on diseased action; and if you can cure the patient before that time comes, and keep his strength up to a certain point, you will diminish very greatly the tendency to cardiac complications. Look at this poor fellow now. He is twenty-three years old. Suppose he were entirely cured of his rheumatism; suppose we had the power, by some magic art, of freeing him in a moment of all rheumatic taint; what would be his future? He has a crippled heart, and its tendency is to grow worse and worse. His circumstances in life are such as to preclude the possibility of his taking good care of himself. The best thing that could be done for him would be to keep him in the hospital all his life. But the hospital is not intended for the care of incurables, and in a short time, when sufficiently improved, he must go out. You know what, after a while, will be the end.

Are there no other complications that may arise? There are. The first is suppurative inflammation of the joint; secondly, we may have rheumatic peritonitis—both exceedingly rare. Then, we may have rheumatic meningitis, also very rare. Then, again, when there is acute rheumatism, and when there is endocarditis, we may have embolism; hence we ought to endeavor, by every possible means in our power, to prevent the cardiac complication which is the most fruitful cause of embolism.

In this disease there is hyperinosis—a very serious thing under certain circumstances. Embolism may occur in connection with rheumatism from this cause, independent of any heart trouble.

Finally, chorea may be a complication of a sequel, and a large proportion of cases of chorea arise in connection with rheumatism, and especially in the young, when the original disease has been protracted and severe and the patient is enfeebled and anemic—*Medical Herald, Louisville, Ky.*

NERVOUS DYSPEPSIA.

Dr. Myers writes to the *Virginia Medical Monthly*: I can not speak too highly of the following preparation which I have employed, with the happiest results, in those cases of nervous dyspepsia the result of cerebral hyperemia:

R Bromid. sodium	℥ j
Ext. ergot, fluid	℥ ij
Pepsin (saccharated)	
Pulv. carbo-lignis	aa. 3 iij
Aqua	℥ ij

M. fiat mistura. S: A teaspoonful every three or four hours.

It contracts their cerebral vessels in their ordinary size, thereby relieving gastric derangement, etc. If constipation exists, I employ, as a purgative, the combination of ox gall and ext. aloes aa grs. xv; podophyllin, grs. iii, made into five pills, of which one is given every night, or every other night, as the case may require.

THE PULSE.

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GENTLEMEN,—We begin to-day with the study of the pulse. The word pulse is derived from the Latin *pulso*, I strike, and expresses the striking or lifting of the finger by the distending vessel, as, with each contraction of the heart, blood is forced into the vessels. The significance of the word has also been extended, so as to be applied to the appearance of a lifting up of the coverings over a distending vessel, so that the word *pulse* is applied not only to that which is felt, but to that which is seen.

There are two kinds of pulse—the arterial and the venous. The arterial is appreciated mainly by palpation, the venous by inspection. We have to study especially the arterial pulse.

In the writings of the old school of physicians, even to the days of Hippocrates, the pulse was regarded as one of the most important symptoms, and although some of the distinctions that these observers made were too fine and subtle to be really appreciated at the bedside, there can be no doubt that their observations of the changes in the pulse were often extremely acute and accurate. So accurate, indeed, that Dr. Broadbent, referring to these observations, says: * "It was with astonishment that I learnt when I first took up the study, that every single element of the pulse revealed to us by the sphygmograph had been previously recognized by the old school of physicians, and that a nomenclature existed ready made for all of its teachings.

The radial pulse is the one usually selected, since it answers all of the requirements. It is of moderate size, is superficial, and can be readily compressed against the radius. The pulse in vessels elsewhere must sometimes of necessity be observed, as in the brachial, the facial in front of the masseter muscle, the temporal, posterior tibial, dorsalis pedis, the carotid and femoral arteries.

When the pulse is to be taken, the patient should be either sitting or lying down. The observer should place his index, middle, and ring fingers lightly upon the pulse, and should then appreciate the state of the coats of the artery, and

* Lancet, vol. ii., 1875, p. 441.