

intermittent pulse. There is a variety of valvular disease of the heart, however, in which the irregular pulse is quite constantly present, and without any degenerative change having occurred in the walls of the heart—mitral insufficiency. The irregular pulse is frequently present in cases of mitral insufficiency for years, and the pulse is called the "mitral pulse." Sometimes the irregularity of the pulse cannot be appreciated until the arm of the patient is elevated, and in this position the irregularity is readily noted.

3. *Syphilis*.—Fournier has called attention to the fact that irregularity is of frequent occurrence in the secondary period of syphilis. It may be in these cases irregular to-day and regular to-morrow. It may be irregular in the morning and regular in the evening. It may be associated with the other phenomena of secondary syphilis, or it may occur without any other symptoms of the disease being present at that time.

4. Dr. B. W. Richardson refers to two forms of irregularity of the pulse, which it is of importance to recognize: "Acute Irregularity in Time" and "Prolonged Irregularity in Time."

"Acute Irregularity in Time:" Each stroke is given in the correct order of succession, the one stroke to the other, but in series of five, ten, or other number of beats, differing in rate from other series. In cases of very feeble heart we often meet this condition; we meet it in anæmia, we meet it after loss of blood, and other states of depression.

"Prolonged Irregularity of Time:" This is a condition in which the pulse shall, during one minute, register, say 70, and if counted through a succeeding minute 90 to 100 beats. This form of irregularity in relation of time is met with most distinctively in cases of acute cerebral diseases, especially in the hydrocephalus of children. In hydrocephalus, according to my experience, it is a fatal sign. I have never known an instance of recovery when, with other acute disease, this prolonged irregularity has been markedly present.—*Walsh's Retrospect.*

ACUTE RHEUMATISM COMPLICATED BY ACUTE ENDO-PERICARDITIS.

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We have been receiving a number of Russian refugees lately. They have been unable to speak any dialect with which we are familiar, and we have, therefore, been obliged to diagnose every case by physical exploration.

This very nice-looking lady came in yesterday, evidently suffering from acute inflammatory rheumatism, as you can see at once, by glancing at the left wrist joint. This is like studying the diseases of children and animals. You will often come across cases where, either from the condition of the patient or his inability to speak your language, you will have to depend on the physiognomy, direct exploration of organs, and the use of instruments of precision, in order to make the diagnosis. The wrist joint is not much swollen, but the way in which she holds it is perfectly characteristic. Her temperature is 101.6°. There is a decided mitral systolic murmur, quite loud and rather coarse, supposing it to be recent. There is no aortic trouble. In addition to the mitral systolic, I hear a faint mitral pre-systolic murmur, showing that there is a little roughening as well as insufficiency of the mitral valve. With this there is quite a distinct, churning, friction sound at the point of the heart. We have, therefore, an endo-pericarditis. Pressure over the heart is painful. The hands and the joints of the lower extremities are also affected with rheumatic inflammation.

What is the treatment? We have moderate fever, acute rheumatic poly-arthritis, and acute endo-pericarditis. The tongue is dry and brownish in the centre. In cases of this kind, where the heart is already affected, I do not like to depend upon salicylic acid or the salicylates. My observation has been adverse to their use in complications of a rheumatic character. In simple acute rheumatism (rheumatic fever with poly-arthritis), I like to try the salicylates, and I give them a fair trial for a few days. If they do not then do good, it is not worth while to continue their use.

In this case the fever is moderate, and does

Dr. Graham of Toronto is now in Vienna.