

resistance, including not only the condition of the arterioles, but also the viscosity of the blood, the friction incurred, etc. And the difference between the two alone gives an idea of the cardiac power. Of chief importance remains the great fact that *blood pressure is merely a subordinate phenomenon*, while the subjective symptoms are of far greater importance to prognosis."

The statements just quoted from Dr. Martin will command the respect of most readers. They give the key to the situation in well-defined terms. We concur with him that high blood pressure alone is not necessarily ominous. Of course, in this there is a limit; and we place this about 160. It is, however, of great importance in directing one's attention to a condition of hardening of the arteries, kidney disease, or some obscure intoxication of the blood stream. We also concur in the view that the subjective symptoms are of the utmost importance. The real figure of weight is the pulse pressure.

There are few more careful writers on the whole topic of arteriosclerosis than Louis M. Warfield, of the medical department of Washington University, St. Louis, Mo. He gives the brachial systolic pressure in the young adult as 130 mm. Hg., and this rises with advance in age. He also gives the pulse pressure for the same vessel as 45, and consequently the diastolic would be 85. It will be seen, however, that Warfield does not agree with many writers, and differs widely from some. It must be noted that he makes his diastolic pressure only 65 per cent. of the systolic, and this, without doubt, is too low a figure. It should not be placed under 75 per cent. From this there are many departures in disease.

Percival Nicholson has done much work on this subject. He lays down the general figures thus: Adults under mid-life give systolic of 120 to 130, and after mid-life the systolic should average 130 to 146, and a pulse pressure of 35 per cent. of this. This would give a diastolic pressure, after mid-life, of about 95, according to the variations in the pulse pressure. But the essential point is that he reaches findings that yield higher diastolic figures than is usually recorded, though not as high as some others.

Dr. Nicholson lays down some categorical rules. "If the pulse is slowed more time is allowed for the blood to run through the arterial system during diastole, and the diastolic pressure will be lowered and the pulse pressure increased. The reverse also applies." "Low systolic pressure and high pulse pressure indicate a good heart, with dilated vessels." "Low systolic pressure and low pulse pressure point to a weak heart." "A high systolic pressure and a *high diastolic* pressure indicate good cardiac compensation."