The Diagnosis of Aortic Insufficiency. BRELET (*Gaz. d. Hop.*, February 8, 1910.)

While the diagnosis of a typical case of aortic insufficiency is easy, atypical cases occur in which the recognition of the lesion is very difficult. Thus the murmur instead of being blowing may be rough; it may be low-pitched and vibrating or high-pitched and musical. Occasionally it may be entirely absent. In this case the diagnosis must be based upon the size and shape of the heart, the location of the apex-beat the Corrigan pulse, the capillary pulse, the double murmur in the crural space and other less constant manifestations of the lesion. Landolfi has recently described a new sign of aortic regurgitation which, while often absent, is almost pathognomonic if present. It consists of a rhythmic contraction and dilatation of the pupil independent of the will of the patient or of light. With each ventricular systole the pupil contracts, dilating with the diastole. The explanation of the phenomenon is simple enough, the contraction of the pupil being due to the momentary engorgement of the iris during systole and the dilatation to its abrupt emptying during diastole. It is, in a word, the manifestation of a capillary pulse in the iris.

A less striking, but more constant, sign is the so-called "choc en dôme" of Bard. This is best recognized by palpating the apex-beat by means of the ball of the thumb. In aortic insufficiency the apex of the heart can be felt to harden during systole in a circumscribed area of considerable extent, giving the feeling as though a ball or a dome-shaped mass were suddenly making its appearance under the palpating thumb. It is due to the ventricular hypertrophy and is most clearly felt when the patient lies on his left side.—*Interstate Medical Journal.*

The Permanent Slow Pulse

P. Rostaigne, of Paris, recently discussed the permanent slow pulse in an article published in the *Medical Press and Circular*, July 20. Adams, in 1827, was the first to describe the pathological permanent slow pulse, and the question has come to the front again recently. As a rule the pulse rate in these cases is from thirty to forty pulsations a minute, but it is sometimes even slower than this. In a general way examination of the heart does not reveal anything abnormal in respect of the orifices, but Stokes, who, together with Adams, described the pathological condition known as Stokes-Adams' disease, called atten-