

operations, from falls and injuries, from influenza, from acute congestion of the lungs, from inflammatory attacks, and particularly from typhus and typhoid fevers. I would look upon a man's chance of recovery from typhoid if he were fifty years of age, and had a steady heart, as preferable to that of another man at forty, in whom intermittent action of the heart was developed before the occurrence of the disease, or in whom the symptom came on, as it sometimes does come on, in the course of the disease.

In adults, when the symptom is once established, it never, I believe, goes away entirely. It may be absent for long periods when the general health is good, but it returns on every occasion of depression of power, and is very easily re-induced by agencies which act deleteriously on the nervous system. Excessive venereal gratification, excessive smoking, deficiency of sleep, or dissipation, act powerfully in increasing the evil. In persons at or past middle age, the symptom, if it once be fully developed, continues persistently, and often to extreme old age. One of my patients, who died at eighty-six years of age, told me he had been discovered to have an intermittent pulse when he was forty-two, and that he had never failed to exhibit the phenomenon since that time. I have noticed often the hereditary character of the phenomenon. On the fact of heredity, there can, I think, be no doubt.

There is no known specific treatment for intermittent pulse, but whenever the symptom of intermittency is present, there are certain general lines of treatment which should always be enforced by the physician. In the case of young children, when the intermittency is clear, however infrequent it may be, the utmost care should be taken to avoid every source of mental emotional excitement. A child having intermittent pulse should not, under any pretence, be oppressed with study. He should not be subjected to any amusements which powerfully excite the mind; he should not at any time be exhausted by physical fatigue; he should be well fed, warmly clothed from head to foot, and above all things, should be allowed to have abundant sleep. Ten to twelve hours' sleep is not a moment too much. Moreover, such a child should never be put to sleep with stories which excite dreams or cause alarm. In adults, equal care should be taken, and, above all things, attempts should be made to remove impressions derived from any untoward event. Change of scene should be recommended, while a carefully regulated diet, abstinence from exhausting pleasures and abstinence from exhausting labor, especially mental labor of any one particular kind, should be encouraged. Good sleep is here again the most valuable of remedies. Eight hours of sleep out of the twenty-four are essential, nine hours are still better. Two other special points of advice are of moment. It not unfrequently happens that, by accident or by direct information,

patients learn the fact that their pulse intermits. Then they begin to feel their own pulse, and become charged with dread of sudden death. As the disorder is of itself mental, this watchfulness and fear will increase the frequency of the intermittency. With these patients, a word from the physician, timely and firmly spoken, is often the best prescription. He assures them, on the results of experience, that their malady is not of necessity fatal; he recommends them not to enquire after the symptom, and if he can succeed in persuading them to his views, which he may honestly try to do with all his influence, he will effect the most marked improvement in their condition. Again, it sometimes happens that patients conscious of the failure of the heart resort to alcoholic stimulants as a means of relief. For a moment, by its exalting the activity of the heart, alcohol affords relief, but the depression that follows calls the more rapidly for a return to the supposed remedy, and a fictitious benefit leads to a habit which excites structural changes and hastens death. Concerning aged people who suffer from what may be called chronic intermittency without consciousness of the symptoms, no special rule requires to be laid down. They are themselves usually too tired of the excitements of life to care for them, and if they are not, then the observance of the general principles applicable to children and adults extends equally to them.

Whenever with intermittency of the pulse there is anæmia with inactive condition of the bowels, and distention of the stomach and intestines with gas, it is very good practice to add, to the general rules of treatment, "a tonic," so called, and of all tonics Easton's Syrup of the Superphosphate of Quinine, Iron, and Strychnine, is one of the best. This syrup, which contains the thirty-second part of a grain of strychnine in a fluid drachm, should be administered in doses of a drachm three times daily, a little time after food, and the patient should be induced to look upon the remedy in the light of a food rather than a medicine. The syrup, under the careful observation of the practitioner, may be continued for two or three months at a time without danger. When there is much restlessness with the intermittency, as well as want of power, I am accustomed to administer one or other of the bromide syrups. The syrups of the bromide of Iron, Quinine and Strychnine, or of the Bromide of Iron and Strychnine, or of Quinine, and Strychnine without the Iron, replace Easton's preparation very effectively. The dose of these syrups is one fluid drachm.

There are classes of cases in which intermittent pulse is connected with great general prostration and premature breaking up of the body; cases in which there is some organic disease, such as chronic bronchitis, emphysema, senile phthisis, chronic degeneration of the kidney, or other organic change; or some general systematic disorder, such as diabetes or cancer. In any of