ON CHRONIC BRIGHT'S DISEASE, AND ITS ESSENTIAL SYMPTOMS.

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The pulse of high pressure has been described under various titles, but none of them are satisfactory, because each describes one character, but no one title includes all; thus it is known as either the *hard, cord-like, persistent, long,* or *slow* pulse. Now, in enumerating all these forms, I have mentioned all the qualities of the high pressure pulse, but they are not all present in every case in which the condition occurs. The quality which is least constant is the one by which the pulse is most commonly described—the *hard* pulse; this description is, therefore, the most objectionable; while the most constant sign is that described by the last term—the *slow* pulse; and this term is the one least frequently employed, and is also that which is least generally understood.

Let us now take a pulse and examine it with a view to determining whether or not high pressure exists in the vessels. Having recognized the position of the artery, first pass the finger very lightly to and fro transversely across the wrist; if it appears to pass over a ridge each time it crosses the vessel, and this ridge is there at all times, irrespective of the pulsation of the artery (in other words, if the artery is constantly distended, during diastole as well as systole), then the pulse is called *persistent,* and this is one of the most constant and reliable symptoms of high pressure. It means that the arteries are constantly full; they cannot empty themselves as readily as they should do in health, and, remaining thus overfull, they offer an increased resistance to the cardiac contraction; for it is manifestly more difficult for the heart to empty itself into arteries which are already fairly full of blood than into arteries which are nearly empty. Thus the ventricle, having more work to do, takes a longer time to do it in; hence the *systole is prolonged,* and the systolic expansion of the pulse is also prolonged, and the tidal wave in the tracing is unduly sustained. This gives to the pulse the character which the old physicians described as the *pulsus tardus,* as opposed to the *pulsus celer.* (This was long ago pointed out by Dr. Burdon-Sanderson, and since then by others.) It is the most valuable and important sign of high pressure; it is the sensation of *slow* and *long* expansion which some pulses give to the finger, and the gradual way in which they subside, as opposed to the sudden subsidence and rapid falling away of the "quick" or "short" pulse. Types of the latter are seen in the "splashy" pulse of hæmorrhage or aortic regurgitation, while the pulse of Bright's disease is typical of the former. The two terms, *slow* and *long,* are synonymous; and the latter is more convenient, for the former is liable to be confused with or mistaken for *unfrequent,* as opposed to *frequent* —terms which, correctly speaking, should be used to denote the frequency of the beats per minute in place of quick and slow, which are commonly so used. These characters of the *long* and *short* pulse, and the use of the corresponding terms by the ancients, have been dwelt upon by Dr. Burdon-Sanderson in his classical little book on the sphygmograph, published in 1867. In that work he pleads much more powerfully than I can ever do, for what I seek to enforce to day; yet it appears to me that his teaching, vastly important as it is, has not received the attention it deserves; indeed, it is unknown to, or is forgotten by, the great majority of the profession. I find, indeed, that he there states a belief in the great doctrine I am seeking to prove—namely, that there exists a large class of people who constantly have *long* pulses, or pulses of high pressure, and that this is the indication of a diathesis which the old physicians—who, I cannot but think, were far keener observers than we generally give them credit for—recognized and treated. I feel sure that the doctrine of diathesis, or temperaments, will rise again, even in our generation, as a far more enlightened and complete conception than that which has been, or is at present, held concerning it, and that it will prove an invaluable guide in diagnosis and in treatment. In saying this, I am again echoing the words of that distinguished physiologist, but it is a lesson which the sphygmograph has taught me, as it taught him, and as it must