finger had much to learn and to unlearn, and that part of the lesson is the fallibility even of the most erudite touch."

It has been, and unfortunately is still, customary to pay almost exclusive attention to systolic or maximum pressures. Systolic pressure are, however, so readily influenced by temporary conditions, such as excitement, attention, etc., that single readings are apt to be misleading, even when taken with the utmost care. A difference of 30 mm., or more, is not uncommonly observed between two observations taken within the space of time occupied by a consultation. The diastolic pressure, however, is less subject to fluctuations from physic causes, and from other points of view often gives the more valuable information, and should therefore always be recorded. The term "pulse pressure" is used for the difference between the systolic and diastolic pressures.

In young men the normal systolic pressure is about 120, and the diastolic 70-80 mm. A useful, and approximately correct, rule for age variations is to add 5 mm. to the systolic pressure for each 10 years increase from 20 to 60, and about half this amount to the diastolic pressure. In women rather lower pressures are the rule, and in children of 10 years of age the systolic pressure should be from 105-110, and the diastolic about 65 mm.

Although diastolic pressures are, as compared with the systolic, relatively constant, they are nevertheless, *other factors remaining constant,* a function of the length of the diastole. The longer this interval, or, in other words, the slower the heart-rate, the lower the diastolic pressures will be. The systolic pressures are influenced, and even to a greater extent than the diastolic, by the cardiac rate; so that all records of blood pressures should be accompanied by a statement of the pulse-rate at the time of estimation, and inferences must be made with due consideration of this factor.

Hypertension has received more study than its reverse, hypotension; the presence of a definitely lowered pressure may be of considerable assistance in the early diagnosis of conditions such as pulmonary tuberculosis and Addison's disease. Hypertension is observed in some forms of "heart disease," and extreme pressures may be present in cases of interstitial hephritis. Also, to a lesser degree, and as an inconstant feature, in other degenerative conditions of the kidney. It is, however, to a disease in which the high pressure is not secondary to any determined morbid state, and to which Sir Clifford Albutt has applied the term "hyperpiesia", that I wish to draw attention.

It is constantly stated, even at the present day, that arteriosclerosis is not only associated with, but causes an increase in the systolic blood