

celerity of the arterial pulse can be discovered. The capillary pulse is not observed in every case of aortic insufficiency, and conversely it may be witnessed in other conditions also, wherever the *pulsus celer* is found, in anæmic and chlorotic conditions, and in many nervous and muscular alterations of the cardiac action. It may sometimes be seen in the everted under lip, or in pressing a plate of glass against the finger tip. It may even appear in the natural redness of the cheeks and in any localized area of inflammation of the skin. The other conditions being present, it is especially well seen in erysipelas; pulsation of the retinal arteries is seen under the same circumstances as the capillary pulse. The conditions under which the centripetal venous pulse is produced are different. Quinke thinks it to be of rare occurrence. The chief conditions requisite for its occurrence are relaxation of the vessels, chiefly the arteries, but also of the capillaries and veins. This is especially common in certain stages of fever, as in sudden fall of temperature, accompanied by profuse sweat. Thus he has seen it in a number of cases of typhoid fever, as also in recurrent and intermittent fevers, pyæmia, polyarthritis rheumatica, pneumonia, phthisis and cholelithiasis. Nervous influences may join with the fever in producing it in such conditions as meningitis, spondylitis, encephalomacia, and injuries of the cervical cord. He has also seen the venous pulse in afebrile conditions, as chlorosis and anæmia, and even in healthy persons whose peripheral vessels have been relaxed by the summer heat. It is witnessed in the veins of the forearm and back of the hand. Only once has he seen it on the dorsum of the foot. Besides the relaxation of the vessels, a number of other conditions seem necessary for the production of the phenomenon; such as thinness of the skin, a sufficiently powerful action of the heart, a certain degree of fulness of the veins dependent on the relaxation of the vessel walls and the position of the arm at the time of examination. A slight change in the position of the member may be sufficient to cause the pulse to disappear. One must not expect to find the capillary pulse in every case of centripetal venous pulse; on the contrary, their combination is exceptional. The condition most