

ease," which therein is described as a clinical condition characterized by:—

1. A profound disturbance in the automatic mechanism of the heart—true bradycardia, hemi-systole (false bradycardia), and allorhythmia.

2. Nervous symptoms, vertigo, syncope, pseudo-apoplexy and epileptiform attacks.

3. Secondary symptoms, Cheyne-Stokes breathing, cardiac asthma, angina pectoris, and the vaso-motor accompaniment of profound heart-shock.

"The clinical picture is very variable—there are acute, rapidly fatal cases, chronic cases in which for years the patient has a slow pulse with syncopal or pseudo-apoplectic attacks, and forms in which slight but well characterized attacks occur at intervals in persons apparently well."

There are no constant post-mortem changes, but in a large proportion of cases arterio-sclerosis is present, while in some no lesion is to be found. While patients presenting this symptom-complex were recognized so long ago as 1827, when Adams described his case, yet the number of reported cases, while doubtless increasing, is yet small. The cases are arranged in three groups: (1) the post-febrile group, where bradycardia, vertigo, syncope, or epileptic seizures come on after an attack of typhoid fever, diphtheria, pneumonia, etc.; (2) the neurotic group (a) with coarse lesions of the nervous system especially medullary pressure or vagi lesions, (b) with no lesion distinguishable; (3) the arterio-sclerotic group comprising the greater number of all reported cases.

Dr. Osler analyzes twelve cases, all of which were male patients, three were above 76 years of age, and six were between 50 and 70 years of age. The youngest was 35 years old—the case following a streptococcus infection. Excluding this patient, these cases are grouped as follows: five cases with severe and acute symptoms, four cases—a senile group; two cases—a milder form. Did space permit a complete review of the cases quoted would be made.

What happens to disturb the rhythm of the heart? "Is the essential factor central in the medulla, or in the ganglia of the heart, or in the automatic mechanism of the muscle itself, or in the auriculo-ventricular bundle of His, jun., or in Kronecker's coordination centre?" It is not known. Transient anæmia of the nerve centres explains vertigo and syncope—and this may be of cardiac origin, or it may be due to local changes in the medulla. The prognosis is bad in all cases. The treatment with potassium iodide, nitrites, atropine, regime, posturing with an on-coming attack, and inhalation of oxygen have all been found of service.