

stimulants. Let his diet be one of a nutritious, non-stimulating character, containing animal food in quantity and quality suited to his enfeebled digestive powers.—*Med. Times*, Aug. 16.

EPILEPTIC PALPITATION.

In the same lecture, Dr. Corrigan makes the following remarks relative to a functional affection of the heart which is caused by diseases of the brain. "It seems strange," he observes, "that an affection of the brain could cause palpitation of the heart, but, though strange, it is nevertheless true. You will be consulted by a young man, or by one probably in the prime of life, who will tell you that he has been attacked by palpitations for some time past, which render him uneasy, anxious and uncomfortable, and that they come on him when he takes exercise or is at all agitated. These palpitations frighten him very much, but when you examine the heart you find its sound perfectly normal. On questioning him as to the first occurrence of this irregular action of the heart, he will tell you, perhaps, that some short time ago he was attacked with a fainting fit, which he says has recurred since, and that, after the first attack of syncope, the palpitations began to annoy him. This is what the older writers termed *epilepsia silens*—silent epilepsy. About the fainting fits themselves, the patient has not the least concern; he fears only for the palpitation, and to this he directs your attention exclusively. These fainting fits, if allowed to proceed unchecked, will terminate, perhaps, in a very short time, in well marked and regular epilepsy. However, they may run on for a period of two years before the disease perfectly shows itself. Your attention will be awakened here by finding these fainting fits coming on at a period of life when they should be naturally absent, from the vigour which the constitution enjoys. You will, therefore, proceed to inquire from what cause it is that they arise. The heart, as I have said before, is perfectly normal in its sound; no disease there; no symptoms of irritation along the vertebral column. Where, then, does the mischief spring from? The head, as I have remarked, is the cause of these alarming palpitations, and of those fits of syncope which have preceded the palpitations.

We have now to consider the means best adapted to relieve both the cause and its effects. The medicine which I have found to possess properties the most serviceable and advantageous in arresting this disease is the digitalis purpurea, or fox-glove. I have witnessed more benefit in cases of this kind from the use of the digitalis (bleeding from the arm having been in every instance premised), than from any other remedy or class of remedies which I have seen tried. To produce its beneficial effects here, you must not content yourself with administering it in the small doses of the pharmacologists. The form of the drug which I have found most beneficial is the powder; it must be given in doses of *two or three grains at bedtime every night*, and in some cases, in *five grain doses*, until it exerts its peculiar effects on the constitution. You will, therefore, consider this affection of the heart only as it really is, one of secondary importance; and, in the selection of your remedial measures, you will proceed at once to strike at the root of the evil where it really exists—in the brain; and not until every trace of mischief has vanished from thence can your patient be free from these palpitations, which are to him a source of such needless alarm. Without my having told you, your own common sense would at once have made you acquainted with the propriety of keeping your patient as free as possible from every source of mental irritation, as this has been known to prolong the disease to an extremely protracted period of time."—*Ibid*.

FUNCTIONAL DISEASES OF THE HEART IN SEDENTARY PERSONS.

BY DR. CORRIGAN.

We often meet, in persons of sedentary habits, an affection of the heart, consisting of violent palpitation, which, as in all these cases of functional derangement of the heart, give the patient a great deal of unnecessary alarm. There is no abnormal sound here, though the heart may be felt acting with great vigour. If we examine these cases minutely, we shall find, in every one of them, evidences of venous congestions; the pulse is full and quick, the eyes are suffused, the patient feels more or less drowsy; there are sometimes a turgescence and lividity of the face, the swelling of the legs, and, occasionally, an inclination to syncope. These signs, if neglected for any period of time, will terminate in

an attack of apoplexy, in all probability fatal. It is easy to conceive why, in these cases, the heart should become affected with palpitations, in consequence of the extraordinary quantity of blood thrown upon it by the sedentary habits of the patient—these palpitations being nothing more than the struggles of the overloaded ventricle to discharge completely the quantity of fluid contained within it.

The treatment here is obvious and simple. Take blood from your patient to the extent of eight or ten ounces, so as partially to unload the ventricle; after that give a purgative, so as to unload the alimentary canal; and, in my opinion, you will have done everything requisite for your patient—in fact, you can do no more.—*Ibid*.

CHLOROTIC PALPITATION.

Dr. Corrigan, in his lectures on diseases of the heart, now in the course of publication in the *Medical Times*, gives the following account of a peculiar functional disorder of the heart accompanying chlorosis. The following are its symptoms:—"Anæmia, characterized by the bloodless, tallowy appearance of the surface of the body; cough, oppressed breathing, dyspnoea, emaciation, loss of muscular strength, anasarcons feet, and effusion, perhaps, into the cellular tissue of the body. To these symptoms, alarming enough in themselves, are added palpitation of the heart, and bruit de soufflet. Here we have a train of symptoms alarming enough to induce us to suppose our patient labouring under organic disease of the heart. We find these palpitations increased on taking exercise, and sometimes accompanied by pain in the region of the heart. Have we any characteristic mark by which we can distinguish whether the above train of symptoms denotes organic disease of the heart or not? Yes. Although the other signs might readily deceive us as to its existence, yet by carefully examining the bruit, we can from it discover a means of arriving at the wished-for conclusion. The bruit, from the peculiarity of its sound, in these cases has been by the French writers termed *bruit de diable*. The sound closely resembles that produced by the school-boy toy (with which, I am sure, you are all familiar), made of a piece of iron, or stiff leather, nicked at the edge, and strung on a cord by a hole through its centre. This, on being twirled through the air pretty briskly, produces a peculiar sound. The bruit here differs from that of organic disease in the following particular:—In organic affection the beats of the pulse being 50, 60, 70, 80, or 90, in a minute, the number of times bruit is heard will tally exactly with this, except in cases of permanent patency of the aorta, when the sound of the returning portion of blood causes double bruit. In chlorotic palpitation, no matter what the number of pulsations may be, the bruit does not correspond with them. You cannot count the number of times in which you hear bruit de soufflet in this affection. There it goes on continuously, whirling away for one-half, one, two, three, or ten seconds; there is no intermission in it as in organic disease; it may hold on thus for half a minute or a minute, but during this time there is no cessation. In this distinction we possess a never-failing criterion between functional disorder and organic disease of the heart. In the chlorotic bruit de soufflet you can hear its sound also in the internal jugular vein, when the stethoscope is applied to the neck,—this sound proceeding here from exactly similar physical causes as those which I have detailed in the lecture explanatory of the causes which operate in producing bruit de soufflet. In the disease before us we have the physical cause acting in full force, which is absolutely essential in producing this sound—namely, an incomplete distension of the large vessels with blood, owing to the deficient supply of it in the system. But you must hear in mind, that in a person of perfectly sound heart, and enjoying excellent health, you may have bruit de soufflet present, from some cause or other, of only momentary duration.