

The Capillary Pulse.—Lazarus Barlow * deprecates the ordinary mode of testing for the existence of a capillary pulsation by reddening the forehead by friction, and advocates search for it under the nails, or still better upon the mucous membranes. He turns out the lower lip and presses a glass slide over it, when the pulsation if present is seen reddening and fading through the glass, Fifty cases of healthy hearts had no capillary pulsation. In 46 cases where capillary pulsation was present, 39 had some change in the second aortic sound; 6 showed capillary pulsation on one occasion and never subsequently; and in one case, where the pulsation was constantly present, no cardiac lesion could be discovered. Of these 39 cases where the second sound of the aorta was affected, 33 presented a diastolic murmur.

The Capillary Pulse and the Centripetal Venous Pulse.—Quincke† found that the capillary pulse could not be found under the finger in many cases owing to its lack of transparency. He therefore rubs the forehead with some hard, smooth body, as the lower end of the stethoscope, until a red spot is produced by the paralytic dilation of the capillaries and smallest arteries. In this the systolic increase of the size of the redness can often be well observed. For the production of the pulse there should be the greatest possible difference between the arterial pressure during the systole and that during the cardiac diastole. The capillary pulse is best seen in aortic insufficiency, and depends on the amount of blood regurgitated as well as on the energy of the succeeding ventricular contraction. To permit of much aortic regurgitation, not only must there be extensive valvular insufficiency, but the ventricle must be able to contract; for if it be dilated and weakened, and unable to expel more than a portion of its contents, there is evidently not much room for regurgitation. Consequently, in disturbance of compensation in cases of aortic insufficiency, the characteristic peculiarity of the pulse often disappears, and it is only with return of ventricular strength that capillary pulse and the

* The Practitioner, March, 1890. Also in Sajous' Annual.

† Berliner Clin. Wochenschr., 1890, 265, from the Amer. Jour. Med. Science.