

bronchitis and emphysema, and lastly albuminuria. No case presenting any of these features can be sent to Davos, St. Moritz, Wiesen, Denver, the Adirondacks, or any other high altitude station with any reasonable prospect of benefit. A strong circulation is, *cæteris paribus*, an indication for the trial of a mountain climate. On the other hand a weak circulation, one of the clearest of contraindications. Organic heart disease will in nearly every case be a definite bar, and no difficulty will be felt in deciding upon such cases. Much greater difficulty will arise in connection with cases where there is no cardiac lesion, but only circulatory power. We are apt to take the tension of the pulse as a guide in such cases, but there is good reason for thinking that it is by no means a safe index. Much general physical vigour may apparently coexist with a low tension pulse. Our attention ought to be directed, not so much to the condition of arterial tension as to the obvious evidences of the efficiency or non-efficiency of the circulation, such as the condition of the extremities, proneness to congestions, &c.

It is not now generally believed that hæmorrhage is any contraindication in this matter, but there is more reason for thinking that certain types of dyspepsia—which can hardly be defined with exactness—are likely to preclude any benefit from a resort to the mountains. Insomnia, again, is a sign of doubtful indication. In some cases, it is distinctly aggravated, in others as distinctly benefitted by a residence at high levels. “After all deductions, we may yet affirm that for a certain limited number of cases of early and quiescent phthisis, where the circulatory and digestive systems are fairly efficient, and where there is no bronchial and renal complication, and no rheumatic and gouty history, the high altitudes possess peculiar advantages.”

AORTIC REGURGITATION.

Pulsation in the Uvula.—In ordinary conditions of health there is no pulsation in the soft palate or uvula that is visible on simple inspection, so that when such a pulse is present it may, as a nearly constant rule, be taken as a sign of disease. In a recent memoir (*Charité Annalen*, xiv., 1889), Dr. F. Müller,