

been commenced; and on the third day of digitalis reached 205—an increase of 43 mm.—and a considerable degree of improvement took place. In one of the subnormal cases there was no rise after digitalis and no improvement.

In cases of what might be termed chronic high pressure there have been several instances where a lowering of blood pressure has been coincident with an increase of severity of symptoms, and complaints of headache, malaise, etc. There has been no such case benefitted by lowering of blood pressure, but several have improved during an increase. Probably in such chronic high tensions the various functions cannot be carried on at a level, normal for healthy individuals; and when we give vasomotor depressants we do harm in proportion to the lowering achieved. The symptoms are not due to the high tension, but to the cause of the high tension. Several cases clinically diagnosed as chronic parenchymatous nephritis gave high readings; one of 197 was verified at post mortem.

*Acute Nephritis, 7 cases:*—Only three of these showed high pressure. One with considerable cedema and pallor, which was still at the normal pressure after six months duration, rose to 180 in the eighth month, possibly showing a change in type of the disease and advancing lesions in kidneys and general capillary walls.

One interesting case came in with cedema and convulsions complicated with middle ear disease. The high pressure found (195) was to me a strong factor in the diagnosis of uræmia, as against meningitis or cerebral abscess. The cedema and albumin disappeared, and the patient was discharged after six weeks with normal blood pressure.

There were no serious symptoms at the time of measurement in any of those with normal pressure, although in one of them there had been apparently a uræmic condition and a tension digitally estimated to be very high, two weeks before I saw her.

*Arterio-Sclerosis, 27 cases:*—Highest, 210; 16 being 150 and over; 4 from 130 to 145; 3 from 110 to 125; and 4 subnormal. The highest was in a man of 72, with glaucoma, no albumin. Three other cases of glaucoma in elderly females without albuminuria gave high readings, 200, 200, 170. I am indebted to Dr. Buller for permission to observe these glaucoma cases.

Only one of the arterio-sclerotics is noted as having albuminuria, but at post mortem only slight changes were found in the kidneys, which were attributed to stasis from cardiac insufficiency. This patient, a negro aged 45, was in the wards several months with increasing cedema,