

ment only is necessary, the disease invariably tending to recovery. In cases of doubt, the patient should be isolated and treated as for diphtheria.

In the diagnosis of herpetic tonsillitis, the coincidence of herpes labialis is considered an evidence of some value, though not pathognomonic. I have recently seen, however, a series of cases (two of them in one household: mother, aged forty-five years, and son, aged six years) in which extensive herpes of the lips and face was followed by intense pain in swallowing, referred to a "spot" on one tonsil—not, however, capable of detection by objective sign other than greater sensitiveness to pressure with a probe. There was neither papule nor vesicle, ulcer nor exudate to be seen during the whole duration of the affection, which varied from forty-eight hours to five days. In each of five cases the first "fever blister" appeared at the left angle of the lips; the left tonsil was intensely reddened, though not swollen, while submental glandular enlargement was found just behind the maxillary symphysis. Recovery appeared to be spontaneous. In one case, however, that of a little colored girl, the glandular enlargement showed a tendency to extend, subsiding and disappearing after, if not because of, the application of ichthyol.

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## Society Proceedings.

### THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, February 17th, 1893.*

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

#### *Case of Bradycardia.*

We must probably in some cases take into account the mechanical factor; where there is valvular disease preventing the filling of the left ventricle, the systole is retarded, and there is a prolonged diastolic pause. The prognosis in these cases is not good. It is said to be worse where there is actual organic disease of the heart. The great danger is in lowering the heart beat to an extreme degree, which is

known to give rise to epileptiform attacks. An important point to make sure of in such cases is that the pulse and the heart beat are synchronous, as the pulse may be retarded through some obstruction or disease of the vessels, while the heart is normal. In this case this fact was repeatedly observed. As regards treatment, moderate degrees of bradycardia require no treatment. In organic disease, especially where there is failure of compensation, it may and commonly does require cardiac tonics. In other cases where the etiology is not clear, we may resort to symptomatic treatment, here nitro-glycerine seems to have succeeded best. In the face of convulsive paroxysm or fainting attacks the hypodermic use of stimulants seems to be the best.

Dr. ADAMI—It is a difficult thing here to determine whether one is dealing with a mere mechanical condition or some condition other than mere stenosis. Sometimes extreme cases of stenosis occur with a normal pulse, and, in a case like this, he would seek the explanation in something else than the condition of the valves. In this very curious case we must have as a cause something further than the condition of the valves; some disturbance of the nerves of the heart; some kind of irritation. But, as Dr. Lafleur has said, the condition is an extremely obscure one. Investigators of cardiac phenomena have ascertained that under certain conditions the perfect sequence of the auricular and ventricular systole may be disturbed; the ventricle may beat at half the normal rate, while the auricle continues its normal rhythm. As an explanation of this, someone recently investigating among the lower animals finds that there is a distinct wave passing from auricle to ventricle, and that the difference in time between these acts is represented by the amount of resistance obstructing the transmission of this wave. So that the reason why the ventricular systole is not simultaneous with that of the auricle is because a certain length of time is required for the impulse to travel from the auricular to the ventricular muscles. Now, in a case of this kind it is conceivable that some kind of a disturbance of the transmitting medium may exist by which the impulse is delayed in its passage, the transmission may be slower than normal, and as a consequence the contractions of the ventricle slower than those of the auricle, hence the bradycardia.

Dr. LAFLEUR said, in reply to a question asked by Dr. Mills, that his instructions were to take the temperature in the morning on arising; then at mid-day (whether this was done before or after the mid-day meal, he was unable to say); and lastly in the evening after his dinner.

With regard to Dr. Adami's remarks about the rarity of finding a subnormal temperature