tain cause of these attacks, which manifested themselves without any apparent cause and lasted from a few minutes to several hours. They became grave when they exceeded the latter duration and terminated then in death during an asystolic attack. More frequently the attack was terminated suddenly at the end of a few hours by polyuria and profuse sweating, when the patient recovered. Attacks of tachycardia might follow each other at intervals of a few days, or there might be very long respites.

The diagnosis, said Dr. Silva, was established by the abruptness of the paroxysms, which were not accompanied by sounds of organic lesions of the heart. This abruptness of the symptoms, which broke out and disappeared suddenly without leaving behind them any alteration in the general health, was also a guide to the clinician in distinguishing tachycardia from true endocarditis; and in angina pectoris arrhythmia, which was generally absent in tachycardia, was present.

Regarding the pathogency of this affection, Dr. Silva said that many theories had been advanced. According to certain authors, it was an excitation of the great sympathetic; according to others, it was, on the contrary, an ephemeral paralysis of the pneumogastric nerve which caused the attack. Debove and Courtois Suffit thought it was a bulbar neurosis; Frantzel thought it was an undiscovered lesion of the myocardium. The speaker thought that the beginning of the attack depended upon the pneumogastric nerve, and that later this attack was kept up by the poisons produced by the excessive work of the heart.

Regarding bradycardia or the slow pulse of Charcot, the author continued, this syndrome was manifested especially in old persons. The patient was attacked suddenly with malaise, the face became pale, and he fell to the ground in a condition of trembling and profuse sweating. The pulse slackened and did not reach more than from 7 to 10 beats, Soon the patient recovered consciousness himself, and all the alarming symptoms disappeared at the end of a few minutes. The attacks might break out without any apparent cause or after emotion, anger, etc. The patient might succumb after the first attack. More frequently the attacks occurred every two weeks or every month; in the interval the patient, who might live many years, was very well.

Dr. Silva stated that the diagnosis of bradicardia was very easy and the prognosis very grave.

Charcot and Caracretti had thought it was a circulatory or functional anatomical lesion of innervation, but Dr. Silva thought, on the contrary, that brachycardia depended sometimes upon a lesion of the centre of the pneumogastric nerve,