sedative equal to the subcutaneous injection of Squire's solution of the bimeconate of morphia, yet for continuous use as a nervine sedative bromide of potassium far surpasses it, but it must be given in full doses, from half a drachm to a drachm three times a day, till its full sedative effect is secured.

You will see then, that for the relief of intermittent and irregular cardiac action, we must endeavour first to determine the lesion upon which it depends, cardiac or otherwise, and we must treat this with due regard to the organic debility to which that lesion owes its injurious efficiency, and we must meanwhile not forget that between the cause and its effect we have the nervous system as a connecting link, and that by modifying or interrupting this connection, which we often can do by the judicious use of sedatives and narcotics of various kinds, we may cause to cease, or at all events mitigate the results pending our attempts at cure.

Cardiac palpitation is only too frequently dependent upon similar causes as irregular action, and is to be treated accordingly, especially by such means as shall restore a normal tone to the heart and to the organism generally. Now and then, however, an apparently accidental though violent attack of palpitation seems dependent upon acidity of the stomach, and can often be at once relieved by an antacid draught of soda, potass, or ammonia; and indeed not only palpitation, but also some of the minor forms of irregular action are promptly relieved by a draught containing a drachm of aromatic spirits of ammonia, with or without an equal quantity of tincture of valerian, or failing that, by a tablespoonful of whisky or brandy, with a teaspoonful of carbonate of soda, in about a wineglassful of water, just enough not wholly to drown the miller, as we say in Scotland.

Epigastric pulsation depending on irritability of the abdominal aorta is a local neurosis not always apparently dependent on dyspepsia, nor to be relieved by tonics. I have, however, found it almost invariably to yield to full doses of the bromide of potassium in some bitter infusion such as calumba, gentian, or chiretta. The only exception to this that I remember seeing was that of a woman, in whom this excessive abdominal pulsation was accompanied by a preternatural hardness of that part of the artery, probably due to atheromatous disease and in her case large doses of the iodide of potassium gave great relief, though nothing had any permanently curative effect.

In connection with the subject of increased cardiac action generally, I may mention, that while increased action is liable to follow any unusual exertion. such as climbing a stair or going up a hill, both in hearts valvularly diseased and also in those which are simply weak, palpitation or irregular action occurring while the patient is at rest is by no means to be regarded as a certain symtom that a heart is only weak or gouty, because of course hearts valvularly diseased are always weak, and often gouty, and therefore liable to present the symptoms of both diseased and also of simply feeble hearts. There is, however, one peculiarity by which the valvularly diseased heart may be perfectly discriminated from a simply weak heart, and that is, that while palpitation or cardiac discomfort occurring as the result of exertion in a heart valvularly diseased can never be relieved by anything but rest, the same results following exertion in the feeble heart of a nervous or gouty individual are frequently calmed down by an emotional excitement, especially of a pleasurable kind, such as meeting a friend, or the sight of anything novel or attractive, or even, strange to say, by a more violent exertion. Thus a man with a heart merely valvularly diseased is not likely to have any discomfort unless he meets with a slight ascent in his walk, when he is at once brought up, and must rest; but a man with a gouty or feeble heart, though he too may be "afraid of that which is high," and may also suffer during the ascent, yet has his palpitation at once relieved by any emotional excitement, and if he be seized with sudden palpitation while walking slowly on the level, he will often find it disappear at once if he takes a short race to the next lamp-post: the heart beats the faster for the exertion, but the palpitation is gone, affording an example of a very peculiar form of inhibition, which probably only those can truly appreciate who have experienced it.—*Edinburgh Medical Journal.*