An Address ON THE PROGRESS OF THE MEDICAL MAN.

DELIVERED BEFORE THE METROPOLITAN COUNTIES
BRANCH.

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AFTER some preliminary observations, in the course of which he thanked the members for electing him to be President, Dr. Taylor said:

I may perhaps be allowed to reflect upon some features of the British Medical Association which strike me as calling for and justifying the support of the members of our profession in the United Kingdom and in our Colonies. The union of members of one profession or one trade for purposes of mutual support, advantage, or protection, is familiar to us in the form of the old guilds and companies, but perhaps there has seldom been anything quite so comprehensive and far-reaching as the British Medical Association—which now one might almost call the Imperial British Medical Association, in view of the numerous Colonial Branches which have been formed. Among the various companies, corporations, or unions in connexion with the medical profession, we may distinguish, in respect of their scope, first, the purely scientific societies, whose object is limited entirely to the improvement of medical knowledge in its various branches; secondly, Royal Colleges or Faculties of the Universities, in which the progress of medical knowledge is but a separate object. The functions of the latter are largely directed to the relations of the medical man to the State or the public in connexion with the recognition or hall-marking of individuals as qualified to be regarded as educated medical men, and to exercise their trained faculties in the treatment or prevention of disease. The British Medical Association has for its objects—

The promotion of medical and allied sciences, and the maintenance of the honour and the interests of the medical profession

by various means. The objects of the first kind are promoted by the institution of meetings for discussion, indeed, medical societies in every part of the kingdom, and by the grant of moneys for scientific research. The objects of the second kind are furthered by meetings for discussion of what may be called the business affairs of medical men, that is, their relations to the public, by the consideration of legal questions, and by the promotion of, or opposition to, Bills in Parliament affecting directly or indirectly the medical profession.

So far as the progress of medicine is concerned perhaps there is no great need for the British Medical Association—the work is certain to be done, and was being done by other associations, the various societies of medicine in its different branches; but in respect of its social advantages, and of its value as an organization for the promotion of the interests of the medical profession, it has no doubt performed and is performing a function which no other organization possibly could. In other words, the profession looks after itself, and constitutes a purely democratic association in which all members have equal rights, equal privileges, and equal duties.

Such an organization helps not so much towards the progress of medicine, as to the progress and development of the medical man.

Looking back to olden days, we have curious glimpses from time to time of the status of the profession, and of the esteem in which the medical man was held.

Alexander the Great had sufficient faith in his physician-in-ordinary, Philip, fearlessly to take the draught he had prepared for him, even though he had under his pillow at the time a letter in which he was informed that Philip had been bribed by Darius to poison him. Only after he had drunk the medicine did he show the accusing letter to Philip, watching his face keenly while he read it. The accusation was false. But the doctor who had charge of Hephaestion, a dear friend of Alexander, was less fortunate. Hephaestion had fever and died, and the King ordered the unfortunate doctor

to be crucified for being too negligent in his treatment. For Alexander it may be said that he acted in the first instance from pride as much as from faith in his doctor, and in the second from sympathy for his friend and grief at his loss. But it is conceivable that, had there been any organization of the medical profession into a Macedonian Medical Association, Alexander would have expressed his sympathy in a more considerate and less murderous manner.

From later history and legend there comes an interesting story, which shows that even 1900 years ago the grievance which has recently formed the subject of debate and resolution at a special meeting of this Branch, and at a subsequent meeting of this Branch Council, had already been acutely felt by the medical profession. I mean the abuse of hospitals. The poet Vergil had a great reputation in the Middle Ages, and several wonderful things, besides the *Aeneid*, were attributed to him. For instance, the Neapolitans credited him with having founded Naples and built its walls; and a certain bronze horse, a bronze fly, and a bronze statue of a man, possessed of miraculous powers, were also regarded as his work. To those supposed products of his genius were added the well-known baths of Puteoli.

Popular tradition had added to the actual facts the idea that the baths were due to Vergil, and were serviceable for every disease. The benefactor had wished especially to enable the poor by this means to dispense with the doctors, "who" (to quote the *Cronica di Partenope*), "in defiance of all feelings of charity, insist upon being paid." But the doctors, who, as the old French poem says, "ont fait maint mal, et maint bien," did not find this suit them, and the heads of the school at Salerno especially found their business diminish to such a degree that they went secretly to the baths and destroyed the inscriptions, so that the poor invalids no longer knew where to go for their cure.—*Vergil in the Middle Ages*. By D. Compagetti. London. 1895.

This was obviously not the constitutional way of dealing with the grievance, and certainly not the method which will be pursued in the present day. And note what followed, and what, however legendary, at least expresses the attitude of the writers of those days to their doctors.

But God punished them, adds the legend, so that on their return they were caught by so furious a tempest that they were all drowned between Capri and La Minerva except one who survived to tell the tale.

We may remark incidentally that though the doctors were beaten in the end, it was by the heads of a school, a college—that is, by a representative body, and by some kind of combination that their opinions were so forcibly, if so wrongly and uncharitably, expressed. I leave it to my hearers to draw what inferences they like from such points of resemblance or difference as they can perceive in the legendary events of nineteen centuries ago and the facts of the present day.

From a much later period of history, and in a region not so very remote from the last, we hear a story which shows that the position of the medical man must have been by no means an enviable one. And if there is a grain of truth in it, it seems to show that not only were there no associations, but not even any common fellowship between them.

I think there is a general impression that in the present day, even in the worst quarters of our large towns, the person and property of the doctor are respected by the lawless inhabitants, so long as they are known to them; but we have it from Humboldt that even as late as the thirteenth century the doctor was esteemed more for the quality of his flesh than for the value of his medical opinions. Humboldt says:

In the thirteenth century the detestable custom was rife in Egypt of eating human flesh in all classes of society, and that of doctors was especially preferred, and they were exposed to extraordinary snares. People who were hungry pretended to be ill, and summoned the doctors, not to consult them, but to eat them. A very trustworthy historian, Abd-Allatif, tells us how a custom which inspired horror and fear at first came to be regarded afterwards with the greatest indifference.—*Voyage to the Equinoctial Regions of the New World*. Book viii, chapter xxiii.

Coming to more recent times, we see that the doctor has had his full share of recognition in literature, but it can scarcely be said that he has been always fairly represented. Fiction naturally seizes upon what is obvious, and the foibles of any profession are open to caricature. Little

amusement can be obtained from a recitation of what is good in the life of the ordinary practitioner; while unimportant details in dress and manner may by exaggeration supply all the humour that is wanted. The layman is, as a rule, very imperfectly acquainted with the working either of his own body or of the physician's mind in respect to it, and he is accordingly unable to estimate with any degree of correctness the opinions that the professional man may form. He may give the latter credit for knowing everything, whether past, present, or future. On the other hand, he may think that he knows nothing at all.

The doctor has been satirized and caricatured by innumerable writers, and volumes could be filled by a diligent search through the works of authors and dramatists of the last four hundred years. It would be an interesting task to collect and analyse such "appreciations." I can only refer to a few. The foible—or shall we call it a harsher name?—for which the lash of the satirist is most freely applied is the assumption of the knowledge where no knowledge is, and the acquirement of the patient's confidence by means other than the possession of knowledge, skill, and judgement.

Such methods, when practised, are very properly reprobated; but it should not be assumed that these faults are committed by all, and it is earnestly to be hoped that the proportion of those who do commit them is dwindling to a minimum. But there may be errors on the other side, which, though neither excuses nor extenuating circumstances, may still be regarded as a partial explanation of this kind of evil.

I do not know whether such a description of the art of medicine as that given by Quevedo reflects more upon the doctor or on the public. If, the writer says, you wish to be a famous physician you must ride a pretty mule, wear an emerald ring on your thumb, thick gloves, a large mantle, and a broad taffeta hat; and if you have all this, even if you have never seen a book, you cure, and are a doctor. He then describes how the physician must enter the house, feel the pulse, prescribe injections, syrups, and purges, and bleed and cup; and, if the disease persists, he must continue until the illness, or the patient, is ended. He must ask for the urine, hold it up to the light, and make grimaces. Above all, he must wear a large beard—for clean-shaved doctors are not employed—and he will not earn a farthing unless he looks like a clothes-brush. He must rush through the streets, so that he may be thought to be summoned to a case in great danger; and he should get his friends to knock at his door from time to time and call out in a loud voice, "The duke wants you," or "the countess is dying," or "the bishop has had an accident." And with all this he will visit more houses than he wants, will find himself trusted, and will rule over the best in the world.

Mephistopheles, in Goethe's *Faust*, gives almost identical advice to the student who consults him:

The trade of medicine's easiest of all.
'Tis but to study all things—everywhere—
Nature and Man—the great world and the small—
Then leave them at hap-hazard still to fare.
It is, you see, plainly impossible
That one man should be skilled in every science—
Who learns the little that he can, does well:
The secret of the art is self-reliance.
A man can learn but what he can;
Who hits the moment is the man.
You are well made—have common sense—
And do not want for impudence.
Be fearless—others will confide no less
When you are confident of your success—
The only obstacle is indecision.

The satire is double edged, for if it laughs at or reproves the means by which some professors have succeeded, it equally reflects upon the ignorance and credulity of those who cannot see deeper than the emerald ring, the large hat, and the pretty mule, the air of wisdom or the dogmatic assertion of the representative of the healing art.

This want of knowledge on the part of our clients, useful enough to some who have perhaps formed the subjects of these unfavourable criticisms, is, at times, a serious stumbling-block in the practice of the profession. The layman often has not the faintest conception of the structure and workings of the human body in health, or how they may be damaged and upset in disease. We, on

the other hand, can never rid ourselves of our general conceptions of anatomy and physiology (if readily of its details), and thus can never place ourselves in the position of our patient and his friends, or even get at the point of view from which they regard the matter under discussion.

If the workings of the body and the nature of disease were common knowledge instead of confined to a small percentage of the community, we cannot surely believe that the extraordinary cult of Christian Science could have spread as it has—a cult which, in regard to disease, proposes as a method of treatment the denial of the existence of the thing to be treated. How even ten people in the kingdom can be found to accept such a view, with all its logical consequences, passes one's comprehension.

The serious effects with which widespread ignorance of natural phenomena within the scope of medicine affects the medical profession may be observed on the occasion of any great epidemic.

The death of great men from comparatively rapid illness has constantly been falsely ascribed to poison, administered by their political opponents; when epidemics are rife, the medical profession is liable to fall under suspicion, in spite of all their devoted efforts to check the disease and cure the sufferers. In the cholera epidemic of 1867 in Italy, the deaths were attributed by the ignorant people to the malevolence of the doctors. The same thing exactly happened in the same country during the cholera epidemic of 1884; and even at the present day, within the last few weeks, we hear that among the native population in India, suffering from the almost unchecked spread of the plague with a mortality of many thousands per annum,* the belief has been entertained that the wells have been poisoned; though I am not aware here that the medical profession, any more than others, are regarded as the agents of this supposed malicious and purposeless proceeding.

But in spite of these prejudices, which can, it seems to me, only be prevented by the extension of knowledge amongst the population, by the confidence of governments in medical science, and by their adoption of methods of prevention and treatment in accordance with its teachings; in spite of the extraordinary confidence of the public generally in proprietary medicines, which, as has been abundantly shown, often contain simple remedies of one-hundredth of the value of the money paid for them—or contain only the same remedies as would in the cases be certainly used by a medical man consulted; in spite of the continuance of satire, more refined, no doubt, as witnessed in modern comedy; in spite of all this, I think that the medical profession is progressing towards a position of greater influence, by a steady devotion to work on scientific lines, by a remarkable eagerness—sometimes too much—to adopt and test any theory or practice which can plausibly be shown to be based on a knowledge of facts, by a determination to get at the bottom—if there is a bottom—of every obscure deviation from nature, and to find a method either of setting it right, or of preventing its occurrence.

One of the most noteworthy facts is the cosmopolitan position of science. Every civilized country is in touch with others with regard to the acquisition of new knowledge, and this is the case no less in medical science than in others, and the discoveries, when they occur, in one country are immediately available in all others. Whether they are promptly or more slowly adopted may depend on individual differences in the medical man or in the community. One doctor readily takes up the new remedy, another is more slowly convinced and likes to rely on his old friends; and he is not always wrong. Communities are, of course, more slow to move, and Professor Ray Lankester in his recent lectures (*The Kingdom of Man*), has pointed out how far behind some other countries is Great Britain in the provision of methods, at the expense of the State, for research into and prevention of various conditions of disease, with which it is impossible for the private medical man to deal.

In the furtherance of such aims, it is clear that the British Medical Association may from time to time do good work and has done good work. I remember myself that my entrance into the Association was determined

* There were 116,154 deaths from plague in the three weeks ending June 8th. See BRITISH MEDICAL JOURNAL, July 6th, 1907, p. 62.

very largely by a consideration of the steps which the Association took when legislation was pending with regard to the Act for regulating experiments on animals, commonly known as the Vivisection Act, 1876. Under its auspices a very numerous deputation was organized to interview the Home Secretary, and express the views of the medical profession on this very important question; similar action has been taken in other instances, and through the work of the Parliamentary Bills Committee and its successor, the Medico-Political Committee, the Association has the means of bringing facts of importance before the Ministers of the Government, which it is hoped may have their proper influence in the event of legislation being required.

The influence of the Association upon medical education is probably not at present very great; only indirectly through the representatives of the profession upon the General Medical Council can such an influence be exerted.

But medical education must be a large factor in the development of the medical man, and there is no doubt that the medical education of the present day is more thorough and more complete than it was in the past. When we remember that in the early part of the last century the Royal College of Surgeons gave its diploma after examinations in anatomy, physiology, and surgery alone, that many medical men had no other diploma, but practised the whole of their lives on that certificate, and that many more were satisfied with a medical diploma; when zoology was studied by none but university students, when there were no courses of histology or of practical physiology, when bacteriology was unknown, when, after a course of apprenticeship in which indeed an apprentice might learn much, but in which equally he might learn nothing more than a good bedside manner and how to make up a limited number of medicines; when after such a course, three years of study, including dissections, and the work of dresser and clinical clerk, sufficed to give him a diploma—when we remember all this, we can see what an enormous advance has been made in the education of the student. These observations imply no reflection upon the wisdom and judgement of our fathers, but they represent the increase of knowledge of medicine and of its allied sciences; the improvement in the methods and means of research; the much larger resources in instruments of precision, such as microscopes; and even still more in the various chemical and mechanical processes by which microscopic procedure has been facilitated. The student of the present day seems to be required to attain to a vastly higher level of knowledge before he qualifies than did his father or his grandfather; but he also seems to start at a higher level, and, perhaps because the subjects or materials he has to learn are, in proportion to their extent, better arranged or organized or systematized, he seems to gain the larger store of knowledge, in a period, if not quite the same as before, still one not so very much longer. Observe, also, that with this every student has to know something of many specialities, besides the broad facts of general medicine and surgery—that he must qualify in medicine, surgery, and midwifery, and cannot be content, as in the old days, with only a partial diploma.

It should be a matter of regret, I think, to all members of the Metropolitan Counties Branch that, so far as can be judged by the figures, the number of medical students in London is less than it was. London has an absolutely unrivalled field of clinical material, and its clinical teachers can compare favourably with those of any city or town in the world. The fall in students has been attributed to many causes. There is the general diminution in the numbers entering the profession generally. There is the competition of universities springing up in our large Midland and North Country towns, which no doubt retain some students who in past times would have come to London. Especially in regard to the early work, there is the advantage offered by the Cambridge University of giving the prestige of older university life and associations, *pari passu* with the continuance of work making for the medical degree. Financial considerations may also have their influence.

The London University has been charged—wrongly, as I think—with a large share of this diminished entry of London students as a result of an ill-arranged matriculation examination, and a high standard at the pass examinations. But the subject is too wide, too complex,

to be dealt with on the present occasion; and I would only say that while I doubt if one cause alone can account for it, one cannot help reflecting that great calamities can rarely be met or averted by other than united action among those who are suffering, or are likely to suffer. I have no hesitation in expressing the belief that the student educated at the London medical schools becomes as good and as sound a physician or surgeon as any educated elsewhere, and it is for the London teachers, associated together as they now all are in the Faculty of the University of London, to find out what are the causes of this serious depression, and, by combined action, to remove them.

There is one aspect of medical education which I wish to take this opportunity of emphasizing, because I think that the public has never sufficiently realized it; and in respect of one particular phase of medicine, in which the public professes to take some interest, this observation has, I venture to think, considerable importance.

Dickens presented to the readers of two generations ago a picture of the medical student, which may have been faithful as far as a certain proportion of students were concerned. Few who have read it will forget it; and it must have caused some prejudice against the training and customs of the medical students in succeeding years. I think that in the present day the medical student has lived that down, and that he is no different from students of other professions or businesses, that he is as earnest and eager as any other to acquire a knowledge of his profession, and to spend his spare time in reasonable amusements.

But there still exists in some minds the idea that the training of the medical student is prejudicial to his moral character—that the practice of dissection and even of surgery blunts his finer feelings. Tennyson wrote:

Fresh from the Surgery—Schools of France and of other lands—

Harsh red hair, big voice, big chest, big merciless hands!
Wonderful cures he had done, but they said, too, of him
He was happier using the knife than in trying to save the limb.

In the present day it is the advocates of more restrictive legislation in regard to experiments on animals who assert that operations on living animals have a brutalizing effect of the most serious kind on those who witness them. Now, I do not know a particle of evidence in support of this; and, on the other hand, I wish to call attention to a fact which I am sure is not realized by the majority of our critics, and perhaps not by all of our friends. It is this—that all the training which the student receives in the clinical period of his curriculum is in the direction of cultivating sympathy with his patients. Even if we were to admit that the earlier studies of anatomy and physiology had taught him to control his emotions and subject his feelings to his intelligence and his will, directly he comes into contact with patients he is daily taught that their feelings have to be considered, that their comfort has to be promoted, and that their pains have to be allayed.

Many children are ignorantly and unconsciously cruel; boys often have a rough and tumble life at school, and are not allowed to grow up too "soft"; and it has been urged that it is undesirable that the asperities of this youthful period should be aggravated by a too early acquaintance with lethal weapons of precision.

But whatever tendencies may linger on at later periods of life, students of medicine soon learn by contact with the sick, and from the example of their seniors and others around them, what is really the lesson of their life's occupation—they learn that sympathy for which the sick entreat you, almost as much as they beg for the healing drugs or appliances.

Those of us who are familiar with student life in hospital wards know well with what kindly feelings the student helps the patients, with what pleasure the children look for the coming of the dresser or clinical clerk, and the many little acts of kindness that are done daily in the ordinary course of their duties.

I am sure you will all agree with me that this daily exercise of the sympathetic faculty is an important factor in the education of the medical student, and that this practice of sympathy must be continued into his later years, and necessarily constitutes an element of his professional life.

Gentlemen, we may be still very far from the realization of the position which some of us think we ought to occupy in relation with the public and with the State. But I believe we are moving towards that end; progress even if slow is still progress; and the objects we have in view, whether they be purely scientific, or ethical, or political, must, on the whole, be promoted by such an association as this, heartily supported by the members of the profession, and wisely directed by its elected officers.

I will conclude with one more quotation from Faust, but the speaker is not this time the arch-Fiend:

Expression, graceful utterance, is the first
And best acquirement of the orator.
This do I feel, and feel my want of it.

An Address

ON THE

OCCURRENCE OF EPILEPTOID ATTACKS IN TACHYCARDIA AND BRADYCARDIA.

DELIVERED BEFORE THE BORDER COUNTIES BRANCH OF
THE BRITISH MEDICAL ASSOCIATION.

By FRED. HUGH CLARKE, M.B., C.M.,

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PRESIDENT OF THE BRANCH.

[AFTER thanking the members present for the honour of appointing him President of the Branch for the year, Dr. Clarke said:]

The subject I have chosen for this address is one which, from an accidental circumstance, I have been deeply interested in since the date of my graduation, now some twenty-five years ago. Till quite recently literature on the subject practically did not exist; records of a few cases, more or less carefully reported, with some theories, more or less wild, generally more rather than less, being all there was. Within the past two or three years all this is changed; admirable work is being done every day, and there are few lines of research being more carefully investigated by clinicians, physiologists, and pathologists than arrhythmia, heart-block, tachycardia, bradycardia—call it what you will. It is to two of these conditions, apparently quite the opposites of each other, but in reality very closely allied—namely, tachycardia, or quick pulse, and bradycardia, or slow pulse, with certain nervous conditions common to both—that I would ask your attention for a short time this afternoon.

"Tachycardia," according to Clifford Allbutt in his *System of Medicine*, denotes not merely any case of quick heart, but

an enormous quickening of the pulses of a heart not necessarily the seat of static disease, a quickening which attacks the patient suddenly, which does not persist indefinitely, but for a variable space, rounded off by an equally sudden reversion to the normal state, less certain phenomena of exhaustion.¹

It is to "certain phenomena of exhaustion," as Clifford Allbutt puts it, specially connected with the nervous system that I would particularly refer.

In the three or four cases I have seen there was no ascertainable heart lesion. After repeated attacks signs of hypertrophy may be noted, and are not uncommon, but this undoubtedly is an effect and not the cause of the condition. A systolic bruit may be developed during an attack, but disappears when it is over, as may the hypertrophy also.

An attack of tachycardia may last for hours, days, or even, in extreme cases, for a week or more. After a variable interval the heart tends to become exhausted, and irregularity occurs—in short, heart-block takes place. Stops are felt in the radial pulse, and concurrently nervous symptoms arise, which vary from the slightest feelings of sparks flashing before the eyes or the waving of a sheet before the patient to severe epileptiform convulsions, with loss of consciousness. Yet such attacks are certainly *not* epileptic.

I will now give the summary of a typical case of tachycardia which I was able to watch carefully throughout its course. I had the further advantage of being

associated in this case with Professor (afterwards Sir William) Gairdner and the late Dr. Finlayson of Glasgow, both of whom repeatedly saw the patient during attacks. This will be a guarantee that no point of importance was missed and of the accuracy of the observations.

Mrs. A., aged 63, mother of seven children. Her general health may be regarded as good and her organs free from disease. Heart normal, except for a somewhat diffuse apex beat, and, after her illness had continued for some weeks, a slight increase in the transverse cardiac dullness. No history of epilepsy or insanity in the family. In the summer of 1878, after a slight illness (influenza), she began to suffer from palpitation, or tumultuous action of the heart, described by her as "tumbling," and after a time irregularities in the beat. At the commencement had occasional feelings as of an electric wave passing from the heels to the head. No serious disturbance of health, however, occurred after this for two years, when on stooping to lift something she fell and cut her brow slightly. She seems to have been unconscious for a few seconds, and from this time for some three years her illness continued. At irregular intervals of a few days to one or two weeks, generally without obvious cause, the heart's action became very rapid and irregular. The irregularity continued, in the earlier stages of the illness, a few hours, later on two or three days. The longest attack was one week, during which time the heart was never regular for a minute.

As a rule, when the irregularity had continued for some hours, but sooner when very violent, pauses became noticeable in the radial pulse, some seconds elapsing before the next beat was felt. If the pause was not unduly prolonged, not more, say, than for four or five seconds, an expression of alarm on the patient's part was all that was noticeable. She said she felt as if "something were about to happen." If the interval were longer, say six to eight or nine seconds, the face became pale, the lips livid, there was a scream, the thumbs were drawn inwards, the head backwards, and there was convergent squint. In the milder attacks consciousness was not lost, and the patient was able to talk *immediately* afterwards about her sensations. In the more severe attacks—say, when the radial pulse disappeared for eight, ten, or twelve seconds—consciousness was lost, and the convulsive seizures were more severe. The abdominal pulsations, which were marked during the attacks of irregularity, went on after the radial pulse had ceased to be felt. So far as I could judge, slight contractions of the heart were present during the fit, but these were probably auricular only, and, if ventricular, very slight. The severity of each fit was proportional to the length of time the radial pulse was absent. At any stage of the fit a return of the pulse cut short the attack. The number of fits in each attack of irregularity varied from a few to many dozens, and were of all kinds of severity. As a rule, after a specially severe fit, the pulse within a few seconds, or after a few beats, became perfectly regular, and the patient was able to say that her heart had "settled," and that the attack was over. Unless from some exhaustion following, which was soon recovered from, the patient seemed little the worse, and would remain well till the next attack occurred—it might be days or a week or so after. This went on for three years with but little disturbance to the general health.

Three uric acid calculi were passed during these years, and from time to time some rheumatic or gouty symptoms developed in the smaller joints. Several of the attacks were attributed to fright, nervous anxiety, indigestion, etc., but as a rule no apparent cause could be found for them. Often she woke from a sleep with the heart beating violently. It seldom "settled" during a sleep.

The patient recovered perfectly, and enjoyed good health for three years, when a slight cerebral haemorrhage occurred. This was recovered from, but a second and larger took place after a year, which proved fatal. Her death occurred some six years after the first appearance of the nervous attacks. There was no *post-mortem* examination.

Another case of a somewhat similar kind I was able to watch for many years till her death early in the present year from cardiac failure following an attack of influenza.

The lady was unmarried, 65 or 66 when I first attended her, and, though neurotic, had mental powers far above the average. Following upon a prolonged and anxious illness of a near relative, there came at times marked turns of palpitation. The heart took what she described as "runs," when the beats seemed to merge into one another, and it became quite impossible to count the radial pulse. Such attacks lasted for a few hours or for a day or two, and came on at fairly regular intervals for nearly three years. The return to perfect regularity in the pulse was generally sudden. If she went to bed and stayed there during the attack nothing particular happened further than occasional sensations of waves of light passing before her eyes, and resulting exhaustion, more or less marked according to the violence of the palpitation and its duration. If she got up and moved about, however, a fit was almost certain to occur, precisely similar to an epileptic seizure. A former distinguished President of this Branch was dining at her house one evening when she fell on leaving the