the seat of greatest friction; they are, therefore, the port to be reduced. This is the reason why all animals, in a state of nature, grow thin as they grow old. Man, and the creatures under his control, may violate this law, but not with impunity. The action of the alimentary canal, as before, but now the left ventricle may only prove unequal. Stimulants here can have but little effect. The lungs are not so long, and an amount of blood that is well within the powers of propulsion, lies a greater safety. Obesity is dangerous to the aged.

It would be well to consider the phenomena of waste in fever by the light of an assumption that they are salutary. The acute disease, when the arteries are emaciated, the concomitant pressing of food in fevers should probably follow it. The most evident of natural remedies for any kind of fever are starvation and bleeding. The concomitant pressing of food in fevers should probably follow it. The most evident of natural remedies for any kind of fever are starvation and bleeding. The concomitant pressing of food in fevers should probably follow it. The most evident of natural remedies for any kind of fever are starvation and bleeding. The concomitant pressing of food in fevers should probably follow it. The most evident of natural remedies for any kind of fever are starvation and bleeding. The concomitant pressing of food in fevers should probably follow it. The most evident of natural remedies for any kind of fever are starvation and bleeding.

A CASE OF PATENT FORAMEN OVALE, WITH AN ATTEMPT TO EXPLAIN THE SYMPTOMS OBSERVED.

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The child in which the following symptoms occurred was born on Oct. 5th, 1889, and died on the 19th of the same month. It was a breech presentation, so I was told, and a long time elapsed before the delivery of the head. It did not cry at once after birth, was blue, and did not breathe for some time. It was also roughly handled in the attempts to deliver the head. After breathing was established the rhythm was described to be normal. On Oct. 12th the father called to tell me that the child had been yellow for some days. I told him what is known about the causation of icterus neonatorum, and to watch the child. On the 15th I was hurriedly called, as the little one had developed fresh symptoms that morning. (The father states that on one occasion this morning the breathing was absent for two minutes.) The duration of each, however, varies considerably. The icteric condition has disappeared, and the lips have a pinkish color, except at the end of the interval of repose, when they acquire a bluish tint. The falling in of the chest during inspiration is less, but the diaphragm is the chief agent. While examining the child this morning I exposed the right auricle being valve-like. The coronary veins, the superior and inferior venae cavae, were gorged, and the auricles were of a dark-blue colour. The lungen were pink, floated in water, and bled during inspiration, but when pressure was taken the blood was of a light. Bowels &c. normal. The child died at 12.30 A.M. on Oct. 19th. I held a partial post-mortem at 11 a.m., confirming myself to the heart, and my examination of this was very incomplete owing to the objection of the father to further procedure. However, I discovered a patent foramen ovale and an abnormality in the pulmonary artery, which I had no time to examine. The passage from the right auricle to the left, as shown by a blunt needle, was oblique from behind downwards and forwards, the opening in the right auricle being valve-like. The coronary sinus was seen in front of and slightly below this slit-like opening. The coronary veins, the superior and inferior venae cavae, were gorged, and the auricles were of a dark-blue colour. The lungen were pink, floated in water, and bled during inspiration, but when pressure was taken the blood was of a light. The phenomena are, I think, to be expected in cases in which strong inspirations take place (Cheyne-Stokes respiration). Professor M. Foster, in his Text-book of Physiology, alludes to it in the following terms: 1 "The cause of the phenomena is not thoroughly understood. Stokes connected it with a fatty condition of the heart, and the circulation is languid in the extremities. The heart shows signs of being in a low ebb. Now, was it possible to diagnose between the conditions? It is well known that in many diseases just before dissolution occurs such rhythm of respiration takes place (Cheyne-Stokes respiration)." The phenomena are, I think, to be expected in cases in which strong inspirations take place (Cheyne-Stokes respiration).
plete before a respiratory effort will appear. When it does appear, it will probably be quicker and stronger than usual, and the blood will quickly become arterialised to such a degree as to ensure rest for the depressed centre. Respiration will then be in abeyance until the blood is again sufficiently dearterialised to cause explosions in the respiratory centre. With this view, the lower the irritability of the centre, the longer will be the period of repose. Now, the respiratory centre in this case responded well to the application of cold at first. When cyanosis appeared, and immediately before, there was hardly any response. I suppose, then, we may conclude that its irritability was normal at first, and on the day before death was so low as hardly to respond to the stimulus. Hence it would have been an error to diagnose "functional depression of the respiratory centre." Now, supposing that this cause had been satisfactorily excluded, the diagnosis would have been "probable patent foramen ovale." But how could this condition account for the anomalous symptoms? I imagine, that the arrangement and direction of the opening in the inter-auricular septum will account for them. The orifice in the right auricle was valve-like, the passage was oblique, and the orifice in the left auricle appeared free, for a blunt needle passed freely. What effect would this have upon the circulation?

The accompanying diagram will, I fancy, show the probable currents of blood through the heart. By following the course of the current, indicated by arrow-heads, it will be seen that in addition to an auriculo-ventricular arterial flow, there is also an auriculo-auricular arterial flow from the left auricle into the right, but this occurs only during diastole of the auricles. (No murmurs of any kind were heard during life.) This flow will be favoured by the higher blood-pressure in the left auricle than in the right, even though that pressure be negative. During systole the venous blood, and the arterial blood received during diastole, are prevented from passing from the right auricle into the left by the closure of the valvular opening. Consequently there is a mixture of arterial and venous blood in the right auricle and in the right ventricle. Mixed blood would therefore pass through the pulmonary arteries. What effects upon the heart and respiration would such a pulmonary circulation have? Can we on the basis of this method of circulation account for the symptoms and post-mortem signs so far as those which have Frontispiece.

The will, dated Jan. 27th, 1888, of the late Sir Munguldas Nuthobhoy, C.S.I., of Bombay, has been proved in London. He directs the executors of his will to hand over the sum of £30,000 rupees, which he founded, a bungalow, to be used as a dispensary, for which purpose he bequeaths to them 10,000 rupees, and for the maintenance of the dispensary 30,000 rupees, and to provide a Hindoo licentiate as medical officer 30,000 rupees. He bequeaths also for the maintenance of the sanatorium 10,000 rupees, and for a temple of Shiva adjacent thereto, and the idols in the temple, 5000 rupees. The value of the testator's personal estate in England is £55,889.