

tion to a peculiarity of the heart that is sometimes met with. Between the audible heart contractions a dull, muffled sound is heard, which he regarded as an abortive systole represented only by auricular contraction. It follows that the heart sometimes splits up the systole into two parts, a superior auricular, and an inferior ventricular, which occasionally misses fire. Rostaigne shows that Stokes' observations are borne out by the present conception of the pathogenesis of permanent slow pulse. Permanent slow pulse is an affection that runs a long course. As a rule it lasts for several years, but the prognosis is always grave, indeed fatal. Since Charcot's time and up to a recent date, the Stokes-Adams' syndrome has been regarded as a consequence of disturbance of the circulation in the medulla, that is to say, the central nervous system was credited with a preponderating rôle in regulating the heart beat. In view, however, of recent physiological and anatomical researches, the myogenic theory has taken the place of the neurogenic, the conception of cardiac automatism is now generally admitted, and little or no importance is attached to the medulla as the seat of origin of the disturbance of cardiac rhythm. The symptoms observed in the course of permanent slow pulse are now referred to a lesion of His's bundle, and what is more important is the fact that syphilitic lesions have been found at the root of the mischief. As Rostaigne remarks, this is quite a novel conception and justifies our anticipating recovery, in many of these cases of permanent slow pulse, as a result of mercurial treatment.—*Medical Record*.

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### **Pulsus Paradoxus and Compression of the Subclavian**

Riebold, *Berliner klinische Wochenschrift*, states that pulsus paradoxus has been clinically important since Kussmaul pronounced it pathognomonic of chronic mediastinopericarditis. Since that period the phenomenon has been observed in connection with a great variety of different conditions. A physiological type is explained by negative pressure within the thorax, due to the act of inspiration, which gives rise to a slight fall of blood pressure. This type is demonstrable only by the sphygmograph. The phenomenon is regarded as practically the same for the two sides, although a difference appears in forced breathing. In pathological pulsus paradoxus the falling in blood pressure which constitutes the phenomenon becomes apparent to the finger. The author wishes merely to record that in his opinion