the bulk of blood in anaemia is not as a rule lessened. Russell, of Edinburgh, believes that the pulmonary murmur is caused by the bending of the pulmonary artery round a dilated left auricle. He points out that in cases where the murmur exists the conus arteriosus is enlarged upwards so that the pulmonary orifice is carried upwards and to the left with the result that the pulmonary artery tends to be bent, as its distal end is a fixed point, and this bending is facilitated by the enlarged left auricle. Now it has been proved beyond all doubt by Foxwell and others by post mortem results hat the pulmonary orifice is displaced upwards by enlargement of the right side of the heart from any cause and may - even reach to the level of the second costal cartilage, but there is no reason to suppose that the left auricle is distended, much less that it is so distended that the pulmonary artery could be actually dinted by pressure from it in order to produce such a result the pressure in the auri--cle would have to be higher than in the pulmonary artery and such a condition is extremely unlikely to occur. As a matter of fact at the moment of systole of the ventricle the auricle is probably empty or nearly so. Furthermore, bending of a cylindrical tube, as already stated, will not cause a murmur unless it be so acutely bent as to destroy its cylindricity. A common belief is that a dilated conus arteriosus can by itself produce a murmur, but unless the pulmonary artery be also dilated we merely have a cavity opening into a cylinder, which, as already stated, will not give rise to a murmur. Foxwell thinks that it is a dilated conus arteriosus plus a dilated pulmonary artery which is the cause, but although probably such is the actual physical condition existing, the -conus arteriosus need not be dilated in order to give a murmur, for its diameter is normally greater than that of the pulmonary orifice. If then the pulmonary artery alone be dilated, this, along with a normal conus arteriosus and pulmonary orifice will give us the hour-glass figure required. It is likely, however, that as Foxwell points out, it is the dilatation of the conus arteriosus which leads largely to dilatation of the pulanonary artery. By its enlargement it moves the pulmonary orifice upwards and this relaxes the strain on the artery and allows it the more easily to dilitate. This dilatation of the pulmonary artery has been shown experimentally to take place six times as easily as that of the aorta after due allowance has been made for the different tensions at which they work (Foxwell). Chauveau showed experimentally, many years ago, that a stream passing from the heart into a dilated vessel produced a sound and such an experiment was easily repeated. A rubber tube 20 feet in length was introduced through the tricuspid orifice into the right ventricle of a bullock's heart and firmly secured there. A similar tube was tied into the pulmonary artery which was cut as long as possible.

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