On making a *post-mortem* examination, the child was found in a rather good state of preservation: it appeared to have been born at the eighth month. The lungs shewed somewhat equivocal signs that respiration had taken place: they floated in water, but not very buoyantly. In the heart was found a thick layer of lymph thrown across the foramen ovale, which was all but blocked up; and the obliteration of the ductus arteriosus had already been completed. The placenta was attached to the infant: whether this may have tended to keep up strong vital action in the child independently of the mother, might form a subject for speculation. In three other *post-mortem* examinations of infants, which came under my notice about the same period, the signs of respiration were much less doubtful, and the children had apparently lived some time; yet there was not even the most imperfect attempt, in any of them, either at closure of the ductus arteriosus, or obliteration of the foramen in the auricular septum.

REMARKS. The complete closure of the ductus arteriosus, and the formation of a nearly complete septum across the foramen ovale, are proofs of the fallacy of the commonly received dicta of authors, who tell us that the former becomes obliterated from the sixth to the twelfth day, while the time of closure of the latter is less certain. Billard says, that the foramen is closed between the second and third day; but Dr. Handyside states that it remains more or less unclosed for life in one case out of eight. Dr. Taylor also, in his work on *Medical Jurisprudence* (4th edition, p. 403), observes, that he "has frequently found the foramen ovale open in children who had survived birth several hours." Again: the foramen ovale may become closed before birth, in consequence of intra-uterine inflammation, or some abnormal condition. Dr. Taylor refers to this subject. He says: "The closure of the foramen ovale has been known to occur as an abnormal condition previously to birth and the performance of respiration. One case is mentioned by Capuron (*Médecine Légale des Accouchemens*, p. 337); and another, of a very instructive kind, is reported in the *Medical Gazette* (vol. xxxviii, p. 1076). Other instances of this abnormal condition are adverted to by Dr. Chevers (*Med. Gaz.*, vol. xxxviii, p. 967), and it would appear that in these the arterial duct remained open, in order to allow of the circulation of blood, not only before, but subsequently to respiration. The children rarely survive birth longer than from twenty to thirty hours. Dr. Chevers justly remarks, that 'Cases of this description are of the highest importance in a medico-legal point of view, as they fully disprove the opinion maintained by many anatomists, that obliteration of the foramen ovale must be received as a certain evidence that respiration has been established.' It would, therefore, be unsafe in practice to rely upon the closure of this aperture as proof of live birth, without other good evidence: and in no case can its patency be regarded as a proof that a child has come into the world dead." (p. 404.)

With regard to the ductus arteriosus, the observations of Dr. Chevers, referred to by Dr. Taylor (*op. cit.* p. 400), go far to point out the fallacy of depending on its condition as a test of the child having lived. This passage may be closed before birth; and it has even been found, when there was strong reason to believe that the child had not survived birth more than ten minutes, in as advanced a stage of closure as if it had been born some days.

It would be beyond the scope of this paper to discuss the other signs of live-birth, as the floating of the lungs, signs derived from the umbilical cord, etc.; but my object has been to draw attention to the fallacy of placing too much confidence in the dicta found in many medico-legal works, and to point out how far our most modern authorities are disposed to trust to the closure of the foramen ovale and ductus arteriosus, as signs that a child has been born alive.

Kingsland, January 1853.

THE HOUR OF BIRTH IN 1919 CASES.

By R. U. WEST, Esq.

It is generally understood that accoucheurs have "plenty of night-work"; but I am not aware that any one has attempted to show in what proportion the night-work preponderates.

		First set of 700.	Second set of 700.	Third set of 619.	Total 2019.
8 hours of night.	P.M. 11—12	42	33	37	= 112
	A.M. 12—1	25	23	16	= 64
	1—2	43	28	28	= 99
	2—3	40	37	26	= 103
	3—4	30	50	24	= 104
	4—5	29	34	25	= 88
	5—6	33	37	40	= 110
	6—7	33	37	30	= 100
Total. .		275	279	226	= 780
8 hours of day.	A.M. 7—8	27	31	28	= 86
	8—9	29	20	32	= 91
	9—10	18	29	33	= 80
	10—11	37	29	33	= 99
	11—12	31	31	26	= 88
	P.M. 12—1	26	28	21	= 75
	1—2	25	26	23	= 74
	2—3	26	24	19	= 69
Total. .		219	228	215	= 662
8 hours of evening.	P.M. 3—4	22	25	23	= 70
	4—5	25	17	17	= 59
	5—6	18	26	12	= 56
	6—7	20	20	28	= 68
	7—8	30	20	31	= 81
	8—9	33	27	22	= 82
	9—10	28	28	23	= 79
	10—11	30	30	22	= 82
Total. .		206	193	178	= 577

The statistics here given shew the hour of birth in 1919 cases which I have attended, and they certainly bear out the popular idea on the subject. In order to prove that the proportions given are not accidental, I have divided the total number of cases into three nearly equal sets of 700, 700, and 619, from which it will be seen that, although there may be some discrepancy when single hours are taken, yet the gross number in each period of eight hours presents a remarkable uniformity. It will readily be understood that these tables give only part of the truth, for some of the births which took place in the earlier hours of the *second* eight hours—"the eight hours of day"—must have involved an *attendance* breaking into the night-hours. Consequently, the eight hours when the smallest number of births took place,—viz., those of "the evening,"—were those least likely to require night-watching.

Alford, Lincolnshire, Jan. 29th, 1853.

ARSENICAL CONFECTIONARY. An inquest was lately held at Ashford, upon two brothers killed by eating the painted ornaments of a Twelfth cake. Professor Taylor, who analyzed the stomachs of the deceased children, said that he had detected arsenic. The quantity discovered did not exceed a quarter of a grain. The yellow colour of the ornaments was produced by orpiment, or sulphuret of arsenic. The green colour of the ornaments was imparted by the arsenite of copper, which is very poisonous even in minute doses. During the two last years Dr. Taylor had met with ten fatal cases from children eating these ornaments.