Conclusions.

From an analysis of the literature and the study of Case 1, the following facts are elicited:—

1. Defects at the upper part of the interauricular septum are among the rarest of cardiac anomalies. Anatomically there appear to be two groups of cases: those associated with displacement of the pulmonary veins, and those in which no such anomaly is present. In nearly all the cases recorded, hypoplasia of the aorta was a prominent feature.

2. Defects in this situation, even when very large, are usually latent throughout life, giving rise to no physical signs, and being unassociated with cyanosis; in the cases in which cyanosis was present this was terminal.

3. This case especially shows that the existence of a large defect in the upper part of the interauricular septum is compatible with a long life of even more than the average stress; nevertheless, the changes in the right heart and the advanced disease of the pulmonary valve were significant of increased strain in the pulmonary circulation, which probably led to the final breakdown.

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[1] Not verified.

DESCRIPTION OF PLATES XXXI.–XXXIV.

Plate XXXI.

Fig. 1.—*Heart from Case* 1, *showing defect in the upper part of interauricular septum* (*persistent ostium secundum*), *with pulmonary dilatation, sclerosing pulmonary endocarditis with calcification, and hypoplasia of the aorta.* (*From a woman æt.* 64.)

Right chambers laid open to show:—

(*a*) Hypertrophied and dilated right auricle.

(*b*) Large defect in upper part of interauricular septum, bounded below by

(*c*) A stout muscular partition, the defective auricular septum.