

the extremities occurred chiefly in the groups of trilobulate heart and of pulmonary stenosis, in both of which the duration of life of the patient is usually sufficiently long to permit of its development.

The evidence of cardiac defects given by *physical signs* is often conflicting. Only from the detailed study of the pathological findings in a given case, may complicating conditions be eliminated and conclusions be drawn. Such a study has been carried out in this chart and some surprising and most interesting facts are revealed which are at variance with the usually accepted ideas of the physical signs characteristic of these lesions. The presence of a thrill in defects of the interventricular septum, and in cases of pulmonary stenosis with, as well as in those without, associated septal defects, the occasional accentuation of the pulmonary second sound in pulmonary stenosis, the irregular localization of murmur or thrill over the apex rather than the base of the heart, the fact that the most complicated defects are sometimes latent, are negative points of importance, while others of true diagnostic value appear.

The *causes of death* are noted in the columns of the chart according as death is due to the lesion itself and is sudden or with failing; compensation or is due to bronchopneumonia, cerebral disease, or the acute infectious fevers.

This chart, with a more detailed study of the physical signs, will be published in a later number of the JOURNAL.

The beautiful reproduction of the chart on this enlarged scale, which is demonstrated here, as well as much help in the calculation of the figures, I owe to the kindness of my friend, Miss Helen Reid.

THE CULTURAL FEATURES OF A NEW PATHOGENIC MICRO-ORGANISM OF THE CONJUNCTIVA.

BY

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From time to time different forms of conjunctivitis have been shown to be due to specific micro-organisms, so that to-day we have several well known types. The micro-organism which I wish to bring to your notice this evening was obtained in pure culture in May last from a case of conjunctivitis, which seemed different from the known types. Having obtained the bacillus in pure culture, two normal conjunctival sacs were inoculated, a conjunctivitis in each case was set up and from the conjunctivitis the bacillus was obtained in pure culture. Upon that ground it seemed fair to presume that this bacillus was the patho-