

which the right chambers chiefly are involved in defects of the interauricular septum, in pulmonary stenosis and atresia and transposition of the arterial trunks, while both the ventricles but chiefly the right are enlarged in defects of the interventricular septum at the base and patent ductus arteriosus, the left chambers in coarctation of the aorta. Under the heading of *Arterial Disease* it is seen that in defects of the interauricular septum, the pulmonary artery is often dilated and atheromatous; and in hypoplasia and coarctation of the aorta atheromatous changes, dissecting aneurysm and ruptures of the aorta are liable to supervene. Finally, the presence of *Associated Anomalies* is of great importance as pointing to a developmental origin of the defect. This is well seen in pulmonary stenosis and atresia; other anomalies were absent in all the 7 cases with closed septa which are probably of inflammatory origin, while among the 59 cases with septal defect they were noted as present in 42 instances.

III. The third division of the chart is devoted to clinical data. Under the column *Family History* are noted those conditions which have a distinct etiological bearing upon the defect, as disease of the mother or accident during pregnancy, congenital heart disease in other members of the same generation, etc., and of these there is a goodly sprinkling. Under *Personal History* the incidence of rheumatism, tuberculosis, congenital syphilis and infectious diseases with recovery is shown. Among the 324 cases there is only one presenting clear evidence of congenital syphilis. Tuberculosis is seen to be relatively common among cyanotic patients reaching early adult life, such as the subjects of pulmonary stenosis. A relatively large proportion of cyanotic cases are seen to come through the acute infections of childhood well.

Among *special symptoms*, cyanosis, clubbing, dyspnoea and dyspnoeic attacks are noted. Cyanosis is divided into slight, moderate, marked, transient and late or terminal. It is marked in most of the cases of pulmonary stenosis and atresia and of transposition, and is usually absent in coarctation of the aorta and patency of the duct. Six cases of defect of the interauricular septum and four of defect of the interventricular septum at the base showed a terminal cyanosis coming on at the end of a long life, when bronchopneumonia or other cause had apparently raised the pressure in pulmonary circulation and reversed the current of blood so that it passed from right to left through the defect, producing an admixture of venous with arterial blood. In these cases of pulmonary stenosis with septal defect and *rechtslage* of the aorta, the cyanosis was deep but transient, appearing only during dyspnoeic attacks and passing off entirely in the interval. Clubbing of