

(4) Complete defects of the aortic septum, 14 cases, (includes persistent arterial trunk, 8 cases, and communication between the aorta and pulmonary artery, 8 cases).

(5) Transposition of the arterial trunks, 47 cases.

(6) Congenital pulmonary stenosis, 75 cases, of which 7 cases are with closed septa, 9 with patent foramen ovale but closed interventricular septum, and 59 with defect of the interventricular septum.

(7) Congenital pulmonary atresia, 28 cases, of which 6 are with closed interventricular septum, and 17 with defect of the interventricular septum.

(8) Aortic stenosis or atresia, 8 cases.

(9) Tricuspid stenosis or atresia, 9 cases.

(10) Patent ductus arteriosus, 19 cases.

(11) Coarctation of the aorta, 32 cases, of which 5 are of the infantile, and 27 of the adult type.

(12) Hypoplasia of the aorta, 2 cases.

The chart has three main divisions:—

I. In the first of these the group number of the case, the reference, the form of lesion, age and sex, are given. In this combined chart the maximum, minimum and mean age of each group is calculated in the age column.

II. In the second division are recorded the post mortem findings. Columns are devoted here to patency of the foetal passages and defect of the interventricular septum, to *dilatation* or *hypoplasia* of the pulmonary artery or the aorta, to the presence of a deviation to the right or *rechtslage* of the aorta (so common an event in defects of the interventricular septum), to the incidence of arterial disease, of *acute endocarditis*, of *chronic valvular lesions*, of *associated anomalies* in the heart, vessels, or elsewhere, and to the presence of *hypertrophy* and *dilatation* of the four chambers of the heart. A column is given to the existence of a *collateral circulation*, which is common in coarctation of the aorta of the adult type, appearing here in 16 of the 17 cases, and which occurs also in those instances of pulmonary atresia in which the circulation of the lungs is not supplied through the patent ductus.

The incidence of *acute endocarditis* in cardiac defects is a point upon which statistical study is needed. The series show this event to be relatively frequent, especially in defects of the interventricular septum and in pulmonary stenosis. *Chronic endocarditis* is even commoner. *Hypertrophy* and *dilatation* of the heart cannot be read clearly from a combined chart for the different chambers are involved in the individual cases. But here, also, it is interesting to note the frequency with