

artery covered with small vegetations to medium-sized branches; *infection*—not determined. *Embolism*—multiple of kidney, spleen, heart, and lungs.

No. 11. (Hamilton and Abbott, 1914.) Female, aged nineteen years. *Clinical findings*—pale, slender; symptoms of general infection two months; leukocytes, 17,000; pneumococci in blood-culture; cardiac dulness increased in second and third left interspace (Gerhardt's sign); faint systolic thrill over pulmonary area; harsh, rumbling continuous murmur, + in systole, diminished in diastole, not transmitted upward or to back; pulmonary second, +. *Ductus arteriosus*—large canal 75 mm. long, admitting pen-holder, lined with vegetations. *Vegetations: seat*—ductus arteriosus pulmonary artery; *character*—large pyramidal thrombotic mass in pulmonary artery beginning above pulmonary valves and extending into left branch, blocking it; attached by moderately narrow base to mass of vegetations on anterior wall of pulmonary artery surrounding orifice of ductus arteriosus and invading its lumen; initial lesion at margin of ductus arteriosus in pulmonary artery; aorta and endocardium of all valves in heart healthy; *infection*—pneumococci in thrombus and blood. *Embolism*—embolic abscesses in both lungs. *Remarks*—coarctation of aorta.