a

to

DU

ar

on

an

ab

ductus arteriosus, pulmonary artery; character—vegetations on one pulmonary valve; numerous cauliflower-like yellowish-green excreseences with narrow base on anterior wall of pulmonary artery from 1.5 cm. above valves, to opening of ductus arteriosus; fresh, flat vegetations along wall of ductus arteriosus and long vegetations projecting from aortic opening of ductus arteriosus; infection—staphylococcus albus in blood culture during life. Embolism—multiple infarcts of lung and spleen. Remarks—heart much hypertrophied, especially in right conus; coaretation of aorta.

No. 7. (Gauchery: Centrabl. f. Path., 1900, Bd. 11, p. 70.) Female, aged twenty-seven years. Ductus arteriosus—hole between aorta and pulmonary artery. Vegetations: seat—pulmonary valves, ductus arteriosus, pulmonary artery; character—endocarditic excrescences on pulmonary valves extending up in pulmonary artery to opening of ductus arteriosus, forming a fringe around this similar excrescences on wall of ductus arteriosus; infection—not determined. Embolism—multiple septic emboli. Remarks—pulmonary artery dilated.

No. 8. (Schlagenhaufer, 1901. Quoted by Hart.) Male, aged thirteen years. Ductus arteriosus—patent. Vegetations: seat—aortic valve, ductus arteriosus, pulmonary artery; character—vegetations in aorta about opening of ductus arteriosus, also on aortic valves and in pulmonary artery; infection—influenza bacilli.

No. 9. (Hart: Case I, 1904, Virchow's Arch., Bd. 177, p. 218.) Male, aged twenty-three years. Clinical findings—marked anemia with intermittent fever; murmurs suggesting aortic insufficiency. Ductus arteriosus —large, admitting medium-sized probe; funnel-shaped towards aorta. Vegetations: seat—aortic valve, aorta, ductus arteriosus, pulmonary artery; character—grayish-red vegetations on aortic valve; wall of funnel-shaped opening of ductus arteriosus in aorta covered with pin-head gray-ish efflorescences which extend into ductus arteriosus; vegetations abundant in pulmonary artery extending from about opening of ductus arteriosus both to lung and heart; infection—not determined. Embolism—multiple of kidney, spleen, stomach, intestine, and heart. Remarks—left ventricle slightly hypertrophied; hemorrhagic nephritis.

No. 10. (Hart: Case II, 1904, Virchow's Arch., Bd. 177, p. 218.) Female, aged twenty-four years. Clinical findings—marked anemia, with intermittent fever. Murmurs suggesting aortic insufficiency, also long-blowing systolic murmur replacing first sound in second left interspace. Ductus arteriosus—patent; funnel-shaped toward aorta. Vegetations: seat—aortic valve, left ventricle, aorta, ductus arteriosus, pulmonary artery; character—cauliflower-like vegetations on aortic valve, adjacent endocardium, sinus of Valsalva and aorta near ductus arteriosus, which is plugged by a mass of vegetations extending through to pulmonary artery; intima of pulmonary