

tis with marked oedema set in and *terminal cyanosis*. Died November 13th, 1912.

*Autopsy* showed the condition of the heart detailed above, also fibroid myocarditis, general anasarca, hydrothorax, ascites, emphysema, osteomyelitis, passive congestion of organs, anaemia.

*Examination of the heart* showed an enormously large organ, the increase in size being due to alterations in both auricles and in the right ventricle. The auricular septum presented a huge gaping foramen ovale, incapable of closure, 2 cm. long by 1.5 cm. wide. The valvula foraminis ovalis was greatly thinned and increased in size measuring 6 cm. in diameter, bulging into the left auricle and presenting a crescentic free border, in part calcified, which formed the lower border of the permanently patent foramen. This was bounded above on the side of the right auricle by the flattened and much fenestrated annulus ovalis, a direct continuation of which extends to the wall of the right auricle where it was inserted just above the Eustachian valve, cutting off a shallow triangular sulcus, into the depths of which several channels open from the surrounding musculature. The Eustachian valve is large, but is not fenestrated. It is separated from the base of the tricuspid valve by a large bulging area caused by localized dilatation and hypertrophy of the musculature so marked as to form practically an accessory chamber in the depths of which lay the fenestrated Thebesian valve, guarding the orifice of the greatly dilated coronary sinus, which presented a varicose aneurism in its course. This chamber was evidently a compensatory development to accommodate some unusual condition of the circulation. Investigation of its floor showed several openings admitting a large probe, one of which passed for a long distance beneath the endocardium of the left auricle. Examination of the left auricle showed its endocardium greatly thickened and that covering its anterior wall the seat of a curious formation in the form of a narrow thick walled pocket 2 cm. deep, with a crescentic upper free border attached by slender cords to the wall of the auricle. The depths of this pocket lay in close contiguity to the muscular channel running from the accessory chamber in the right auricle, and suggested that a communication existed here between the two auricles though none was definitely made out.

The right auricle was enormously dilated and very thin walled, the tricuspid orifice was dilated, and the right ventricle was greatly hypertrophied and dilated, especially in its conus: the pul-