defects of the interventricular septum at the base and in pulmonary stenosis.

6. Cyanosis was absent in most of the defects of the interauricular septum and was not "marked" in any of these cases. A moderate degree of cyanosis was fairly common in defects of the interventricular septum, a marked degree in only three cases. Marked cyanosis was seen chiefly in transposition of the arterial trunks, pulmonary stenosis with defect of the interventricular septum, pulmonary and tricuspid atresia. Cyanosis was usually slight or absent in patent ductus arteriosus and in coarctation of the aorta of the adult type. In six cases of defect of the interauricular and in four of defect of the interventricular septum, the cyanosis was "terminal," appearing only in the last few weeks of life.

7. A thrill was frequent in "pure" defects of the interventricular septum at the base, and in pulmonary stenosis with closed interventricular septum, or with defect of the interventricular septum and patent foramen ovale. A thrill was relatively rare in pulmonary stenosis with defect of the interventricular septum and closed foramen ovale.

8. In the great majority of cardiac defects the murmur, when present, was systolic in rhythm.

9. In some cases of pulmonary stenosis the pulmonary second sound was accentuated.

These are not all the conclusions to be drawn from a study of this analytical table; they are sufficient, however, to show the value of a careful and detailed tabulation of the data afforded by different observers in arriving at general deductions, such as could not legitimately be drawn from the facts in the experience of any single worker.