nias. Respiratory symptoms predominated in this group and plain films usually sufficed to make the correct diagnosis. Contrast was occasionally used to distinguish herniation from pneumatocoeles secondary to staphylococcal pneumonia.

One patient had a retrosternal hernia. Plain films showed a solid mediastinal shadow. This diagnosis was resolved by a contrast study.

In one case of pleuroperitoneal hernia plain films also showed a solid shadow. This was identified at surgery as herniation of the liver.—*J. H. Louw and H. V. Firor.*

HEART AND GREAT VESSELS

OPERATIVE CLOSURE OF ISOLATED PATENT DUCTUS ARTERIOSUS IN THE FIRST TWO YEARS OF LIFE. *G. A. Trusler, P. Arayangkoon and W. T. Mustard.* Canad. Med. Ass. J. 99:879–881 (November), 1968.

Experience with 208 children who had suture ligation of isolated patent ductus in the first 2 years of life is reported. Five children among the 60 operated upon before 6 months of age died. All of these were in severe cardiac failure preoperatively. The ductus persisted in 2 children. Postoperative complications occurred more commonly in the young infants, but in only those who had symptoms before operation.—*C. C. Ferguson.*

CONSTRICTION (BANDING) OF BLALOCK-TAUSSIG ANASTOMOSIS FOR INTRACTABLE CONGESTIVE CARDIAC FAILURE AND PULMONARY AEDEMA. *J. C. R. Lincoln, J. Stark, M. J. Tynan, and E. Aberdeen.* Thorax 23:524–529 (September), 1968.

Two patients with palliative systemic pulmonary artery shunts performed for cyanotic heart disease developed subsequent congestive heart failure despite intensive medical therapy. Banding of the subclavian artery resulted in prompt inprovement of the cardiac failure.—*W. K. Sieber.*

CONGENITAL PERICARDIAL DEFECTS. *O. S. Tubbs and M. H. Yacoub.* Thorax 23: 598–607 (November), 1968.

Four illustrated cases introduce a review of the literature concerning congenital pericardial defects. The case reports include 3 with complete absence of the left pericardium and one with a partial defect. The patients' ages were 37 years, 6 years, 17 years, and 22 years. All underwent thoracotomy—the first for correction of interauricular septal defect, the second for left lower lobectomy (bronchiectasis), the third for severe persistent pain, and the last for hematemesis and an opacity in the left lung field roentgenogram. The partial defect in the last case was treated by freeing the surrounding adhesions. There was no definitive treatment in any case. The first patient died after a complicated postoperative course associated with sepsis and an acquired tracheo-esophageal fistula.

Such pericardial defects are rare (1 in 14,000 necropsies). They are usually pleuropericardial, and left sided in 76 per cent of reported cases. Partial cases are being more frequently encountered. They occur three times more often in males than in females.

Pain in the left hypochondrium, usually precipitated by exercise or lying on the left side is the only symptom occasionally associated with the anomaly. This pain may be incapacitating as in one of the cases reported.

Shift of the heart to the left, pulmonary ejection murmur and accentuation of the second sound are common. ECG shows right axis deviation and bundle branch block. The radiographic appearance is characteristic with a marked shift of the cardiac shadow to the left and some enlargement of the heart size. There is a space between the prominent pulmonary artery and aortic shadows and the left cardiac border has two well delineated convexities—the upper being the pulmonary artery, the lower the ventricular mass.

Associated congenital anomalies are common. A detailed discussion of the functions of the pericardium and mechanism of symptoms in such defects as described conclude the report.—*W. K. Sieber.*

INTRAPERICARDIAL TERATOMA: A CAUSE OF ACUTE PERICARDIAL EFFUSION IN INFANCY. *James L. Reynolds, John K. Donahue, and Charles W. Pearce.* Pediatrics 43: 71–78 (January), 1969.

The clinical courses of 37 patients with intrapericardial teratoma (2 patients from the authors personal experience) are reviewed. Half were under 3 months of age,