

emphasize thoroughness in autopsy. For the sake of relatives, friends, and time, autopsies are rarely as complete as they should be in order to obtain the fullest necessary information. But one should bear in mind fully the necessity of examining the brain, the cavities of the skull, the middle ears, and the tonsils. The importance of examining the bones and joints, which in most permitted autopsies cannot be investigated, at least with great exactness, should also be remembered. I speak of this particularly, because a few times we have in this institute been uncertain about apparently obscure ante mortem signs, which were finally explained later, in the course of the autopsy, when an opportunity was given to examine all of these frequently neglected structures.

In this connection I may cite the case of a middle aged woman who had been in the City Hospital for a long time with a nephritis. Toward the end of her illness she developed an irregular, remittent temperature. Suspicion was entertained during life that this was due to an arthritis of one of her knees. At autopsy, however, this knee was found intact. While still considering some other possible explanation to account for the fever, other joints were investigated and a purulent (gonorrhœal) arthritis was found in the opposite knee, where it had not been suspected.

The third group, finally, is represented by cases of a type of which I intend to present a few, and which not only show evidences furnished by the last two groups, but very definite lesions, which in themselves demonstrate the *atrium mortis*.

CASE I². A man, forty years old, was admitted to the City Hospital with multiple, small ulcers on his forehead of some six weeks' duration. His history showed that he had had a hard chancre seventeen years ago, and, a year and a half later, skin eruption and mucous patches. The present ulcers, about four in number, were not painful, but discharged freely a purulent, thick fluid. Physical examination showed nothing else of importance except old scars on his legs. There was no fever. Under large

²This and the subsequent two cases were reported by Dr. Detwiller to the New York Pathological Society at its meeting of December, 1909.