

extensive tuberculosis of the genital organs, and no cancer.

An absolutely exact clinical diagnosis hardly exists, and even after death a suggestive influence of former experiences may be strong enough to overcome the necessary impartial observation of the case.

In this way we are daily in the habit of arriving at erroneous conclusions until a better observer shows us that an accepted idea was based on insufficient observation.

In the following cases, which I have selected and which have come to autopsy in the Russell Sage Institute of Pathology during the last months, it is well illustrated how important anatomical post mortem evidence is for the correct understanding of the case, what extensive and severe lesions may exist in an individual without manifesting themselves in any symptoms sufficient to attract the patient's or the physician's attention, how certain symptoms may be misleading in clinical diagnosis, and finally, how apparently very sudden deaths are only the result of long continued disease, and in the strict sense of the word were not sudden, but very gradual.

These examples are interesting in themselves, and I may be allowed to add some epicritic remarks.

Cases coming to autopsy with the statement of sudden death may, for convenience sake, be grouped under the following headings: First, those which present certain abnormal developmental or acquired anatomical conditions which in themselves do not give a satisfactory explanation for the sudden death, although we assume an intimate relation on account of the large number of times they are associated with otherwise unaccountable or trivial causes of death. This group is exemplified particularly by the so called status lymphaticus, thymus enlargement, or congenital narrowness of the aorta.