lung and septic pneumonia; acute purulent bronchitis; right fibrinous pleurisy; acute parenchymatous nephritis; cloudy organs; operative ablation of uterus and appendages. No cultures made.

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The systematic keeping and Dur The follow Adenitis 28 in

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Cases 8, 18, 20, 30, 32, 34, 52, 61, 63, 69, 70, 71, 75, 80, 82, 83, 85, 91 were of special interest, and have either been reported at the various medical societies, or have formed the text for monographs.

In the 94 postmortems tuberculosis in various forms were found 34 times, in 13 of which it was the cause of death. The cases were divided as follows:—

Obsolescent	12
Latent	12
Latent	5
Complicating	4
atal cases:	
General Miliary Tuberculosis	T
Chronic Ulcerative Phthisis	4
Generalised Tuberculosis	3
Genito-urinary	2
Tubercular Meningitis, simply	1
Serous Tuberculosis	,
Chronic Fibroid Tuberculosis of Lung	T

Cholelithiasis was found to times; males 2, females 8. In one case the condition was associated with gastro-cholecystic fistula; in another with hypertrophic cirrhosis of the liver.

The following abnormalties or anomalies of development were noted:-

7
Patent foramen ovale22 times
Accessory folds or abnormal position of transverse colon 9 "
Double right coronary arteryonce
Abnormal lobation of lungs, right 4 times; leftonce
Accessory suprarenals
Accessory suprarenals
Accessory spleens
Accessory right renal arteryonce
Incomplete double ureterstwice
Reduplication of left kidney, with double pelvisonce
Bilateral double renal artery
Congenital absence of left kidney
Meckel's diverticulum
Meckel's diverticulumtwice
Bifid ribonce
Liebermeister's grooves
Abnormal ileo-cæcal valve once
Reduplication of pulmonary valvestwice
Bile cysts of liver
Persistent thymus
resistent thymustwice

The following monographs, based on work done in the laboratory, have been prepared during the year :—