

dividual severe jaundice, grave anæmia, cachexia, and nephritis often develop. In such a case, the relationship of one to the other and its contribution towards causing death is of greatest consequence to the scientific statistician. Again, in cases of metastases the secondary lesions may overshadow the original one. This, for instance, may be the case in a small annular carcinoma of the gut, which may not produce any symptoms at all, but may cause enormous metastases which kill. During life the diagnosis of the primary lesion may be impossible.

These examples are perhaps sufficient to illustrate how important it is that the determination of the cause of death should go beyond the immediate symptoms and findings preceding it and should in every way endeavor genetically to reconstruct the processes which have led up to the fatal catastrophe. For these reasons the objective anatomical findings are of fundamental importance for scientific as well as for practical use. While the clinical history is certainly indispensable for the correct understanding of a case, equally indispensable is knowledge of the morphological changes which can with certainty be disclosed only at autopsy.

It is regrettable that an unfortunate attitude is taken even by some physicians, who hold that in plain clinical cases autopsy is hardly necessary. How mistaken such an opinion is one may judge from a recent case at this institute: A body was sent from the hospital with definite diagnosis of extensive inoperable carcinoma of the uterus. The clinical diagnosis was apparently so clear that no one thought of any other possibility, and at autopsy the lesion appeared as an ulcerating necrotic growth involving the body of the uterus and all annexa, with pretty complete adhesions of all the structures of the pelvis, so that dissection was difficult. Even then, the probable diagnosis of carcinoma of uterus was entertained, but on closer inspection the lesion turned out to be an extremely