

capable of very wide distribution, as a rule, without much clinical interest attaching to its particular location, was not double-indexed; whereas tumours, suppurations and any other conditions in which widely different clinical results depend upon the situation of the lesions, were entered both under the general and special pathological headings. In the case of the lesions which only affect one kind of tissue, e.g. fractures, all that appeared necessary was to enter them in one place, under bones. Owing to the diversity and clinical importance of the localisation in tuberculous lesions they were double indexed. Where the index is not duplicated a cross reference is given.

The fact that the autopsies were performed by a number of different persons and that during the period covered there were no less than 15 complete changes of management of the laboratory, makes it difficult to classify uniformly. Where doubt exists as to the opinion held we have employed the phraseology used by the person who made the autopsy. In the anatomical diagnoses the principal disease is given first rather than the immediate cause of death.

Common conditions of little clinical significance are mentioned as a rule when they had a special interest in that particular case or were strikingly well marked. As to how far these records have an exact statistical value as showing the relative frequency of different morbid conditions, this is in our opinion much less than in the case of a small series covering a short time only, where either a positive or negative result is recorded in each case. The observations of a dozen men extending over as many years are bound to be diverse and unequal as to the frequency with which particular lesions are looked for. When however, persistent frequency is noted of any particular condition there is all the more reason to rely on the result of the observations. We notice that the proportion which pulmonary tuberculosis bears to the total deaths from all causes is practically the same as that determined by mortality statistics for this city and province. The frequency with which interstitial changes are noted in the kidneys also accords with the recent literature of the subject. The cases may be as a whole taken as typical of the ordinary run of hospital cases though as the autopsy is not a matter of hospital routine but requires the consent of the relatives there is a relatively large proportion of rare and exceptional cases, because in these more trouble is naturally taken to obtain this consent.

One thing noticed was a decided falling off in the percentage of cases of amyloid degeneration during the last 10 years, doubtless owing to improved methods of treating suppurative conditions and to the better facilities for making early diagnosis and averting the graver forms of many chronic diseases.