

In trying to obtain an idea of the associations under which a particular disease or lesion has been met with in the experience of others, one becomes impressed with the difficulty of obtaining statistical information. In the casuistic literature only those aspects of the cases are treated fully which attract attention at the time. In the matter of pathological records it is difficult to find a sufficient number of cases showing all the chief complications of the principal disease.

The increased attention now being paid to the indexing of pathological reports and the publishing brief abstracts of the chief pathological changes found in the routine autopsy records promises to yield a mine of valuable information. The manner in which this can best be recorded is not an easy matter to decide, but, no abstract or synopsis of an autopsy is as compact and convenient as the simple publication of the anatomical diagnosis in all the cases coming to autopsy during the year as was done for the first time by Drs. Adami and Martin in the case of the Royal Victoria Hospital, Montreal.

In order to facilitate reference we have added a special index in which the morbid conditions are placed under the particular organ or system to which they belong and recorded by the reference number. We have to thank Dr. Martin for permitting us to consult the very full (unpublished) nosological list compiled by him.

It was thought best not to depend upon an alphabetical arrangement but to classify as far as possible in a nosological manner. The perfect type of such a classification would be one where the conditions were "double-indexed" and recorded, first under their relation to general pathology and then under the organ affected. In classifying the diseases of the different organs the natural order to follow is that used by most text-books on pathology, viz. : 1. anomalies ; 2. circulatory disturbances ; 3. inflammations and infections (it becomes harder and harder for us to separate the two in view of recent investigations) ; 4. progressive changes ; 5. retrogressive changes, lastly, 6. injuries and foreign bodies.

A complete system of double entry was found in practice to make the index too bulky and we have only duplicated in certain special instances. In deciding when double indexing was necessary we were largely guided by whether the clinical importance of the particular lesion in question was much influenced by the organ affected. Thus amyloid degeneration being