

of arteriosclerosis, its distribution throughout the body, and subsequent manifestations. It is commonly assumed that alcohol is a potent factor in its production, as well as in the production of other diseases. A careful analysis of trustworthy records, however, fails to disclose a direct relation of alcohol to these diseases and the fact that they frequently occur in certain alcoholics living under peculiar, complicated conditions of life only emphasizes that we must look for other, at least additional, factors in the production of these cases. Again, angina pectoris is a disease which appears particularly in the well to do. In charity hospitals it is almost entirely unknown, although the diseased condition to which angina pectoris is usually attributed exists in these cases as well as in the others. But what factor determines its occurrence in one case and not in the other? These questions, although generally neglected to-day, are really of the greatest importance, and the urgency to solve them will become greater as our social conditions on this side of the water become more complicated, as the population increases, and the interdependence of the people and their affairs becomes of greater consequence. In Europe they have received for some time careful attention.

There exists not infrequently what may be termed a competition of lesions in the body which may enter into the clinical picture and cause of death. As to such complicated cases, the question of the individual relations of the lesions to each other and to the cause of death must be settled, and whether the presence of one may or may not have taken an active part in producing the other and hastening death.

Here we are confronted by two problems: What is the relationship of the pathological processes and what kills the patient? Take, for instance, a patient with a cancer of the pancreas and, as is not infrequent, accompanying diabetes. In such an in-