

REPORT OF THE PATHOLOGICAL DEPARTMENT,

For the Year ending December 31st, 1900.

COMPILED BY ALBERT G. NICHOLLS, M.A., M.D., ASSISTANT PATHOLOGIST.

During the year 88 autopsies were performed. Owing to difficulty in gaining the requisite permission in many cases the head was not examined specially, but otherwise very complete studies were made. The bacteriological investigations were made by Dr. H. B. Yates, the assistant bacteriologist of the department, and were confined to those cases sectioned within fifteen hours of the time of death.

The only change in the laboratory personnel during the year was made by the appointment of Dr. E. A. Archibald to the position of Surgical Pathologist, the duties of which post were undertaken by him in July last.

A pleasing feature has been the assistance of a number of volunteer workers from the final medical class of McGill University. These evinced considerable interest in their duties and would, no doubt, have done more efficient work but for the fact that the Hospital was under quarantine for a time during the summer.

Many cases here recorded were of great interest, and have either formed the text of special articles or have been brought to the notice of various medical societies. Cases of disease of the nervous system have been very fully worked out by Dr. D. A. Shirres, Clinical Assistant in Neurology.

Owing to an oversight one post mortem which should have appeared in last year's report was omitted and is here detailed.

CASE 79. 1899. MALE, 54. *Carcinoma of Stomach*; secondary in pancreas, liver, heart, lungs, pleuræ, suprarenals, peribronchial and retroperitoneal glands; operation; slight icterus; dilatation of common bile duct; anthracosis of lungs; enlarged prostate; amyloid bodies in prostate; left old pleural adhesions; patent foramen ovale; general marasmus.

CASE 1.—FEMALE. ÆL. 43. *Chronic Glomerulo-Nephritis*; hypertrophy and dilatation of left ventricle; early acute serofibrinous pericarditis; bilateral hydrothorax; oedema and alveolar catarrh of lungs; acute bronchitis; slight

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