

Annual report of the Board of Management of Adelaide Hospital with a list of subscriptions, donations, etc : 1929.

Contributors

Adelaide Hospital (Adelaide, S. Aust.)

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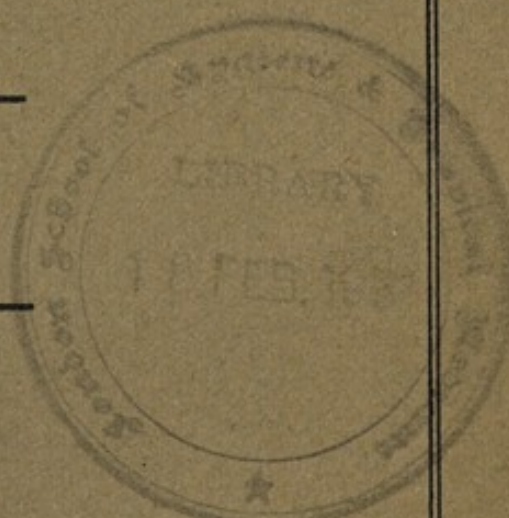
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DEPARTMENT OF
INSPECTOR-GENERAL OF HOSPITALS.

ADELAIDE HOSPITAL

1929

SIXTIETH
ANNUAL REPORT
OF THE
Board of Management.





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NOTE.

Subscribers living in the Country or Suburbs upon whom the demand for orders for admission or treatment as out-patients is not great would confer a great favor on many necessitous cases by signing their order forms and forwarding them to the Secretary of the Adelaide Benevolent and Strangers' Society, Morialta Street, Adelaide.

NOTE

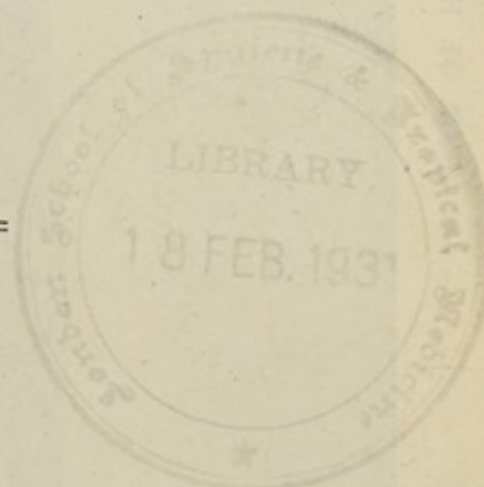
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the demand for orders for admission or treatment as out-
patients is not great would confer a great favor on many
overseas cases by signing their order forms and forwarding
them to the Secretary of the Atlanta Hospital and
Dispensary Society, Atlanta, Ga., Atlanta.

With the Board's Compliments.

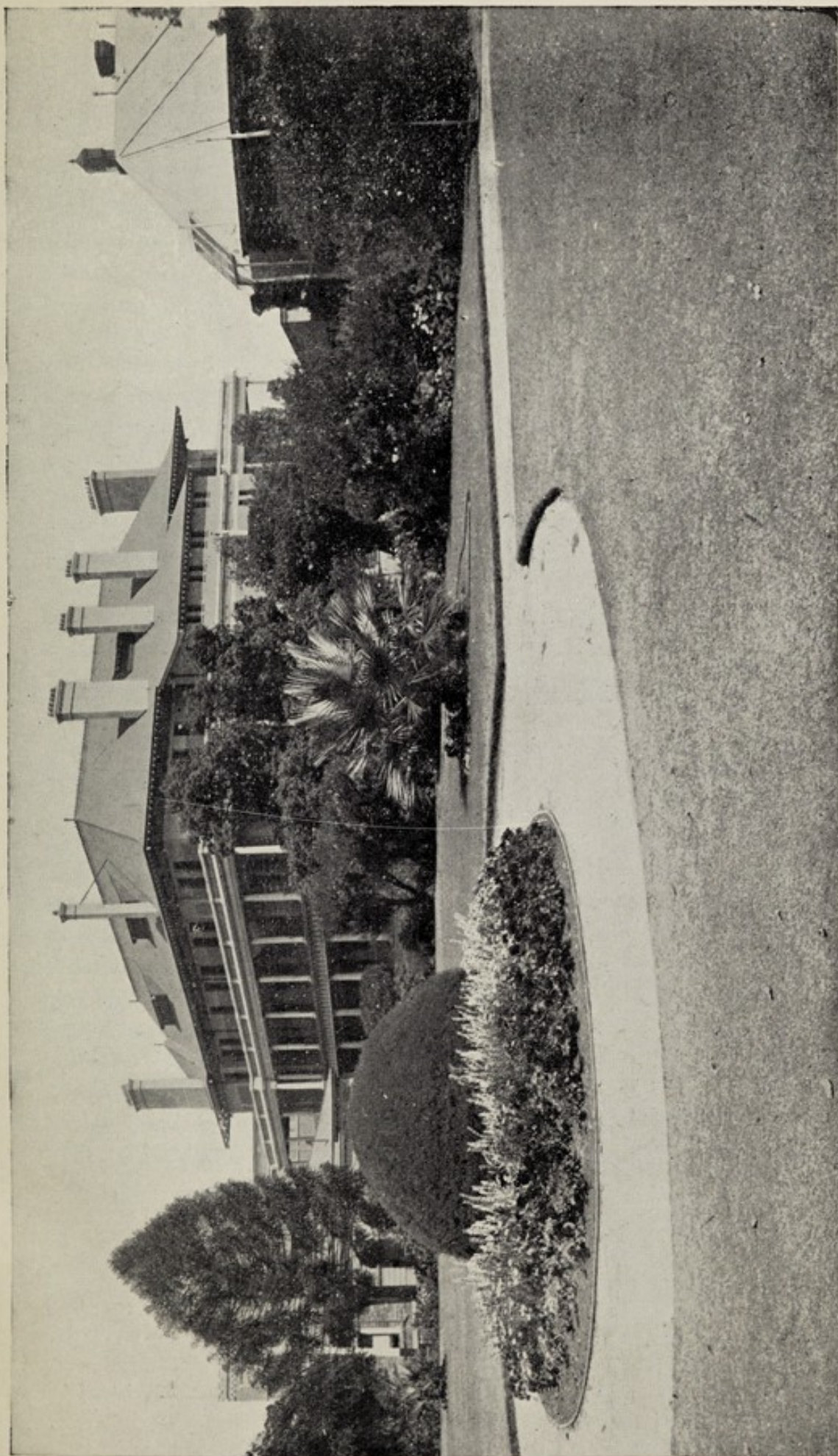
THE
SIXTIETH ANNUAL REPORT
OF THE
BOARD OF MANAGEMENT
OF THE
ADELAIDE HOSPITAL,
WITH A
LIST of SUBSCRIPTIONS, DONATIONS, Etc.,
for 1929.

ADELAIDE :
HARRISON WEIR, GOVERNMENT PRINTER, NORTH TERRACE.

1930.



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VIEW OF HOSPITAL GROUNDS, Etc. (Showing Nurses' Home).

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VIEW OF HOSPITAL GROUNDS, ETC. (SHOWING WINGS, HOUSES)



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ADELAIDE HOSPITAL.

BOARD OF MANAGEMENT.

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LAY SUPERINTENDENT.

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MATRON.

ELEANOR HARRALD

MEDICAL OFFICERS, 1929.

HONORARY CONSULTING MEDICAL AND SURGICAL STAFF.

Physicians:

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Aural Surgeon:

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Bacteriologist:

PROFESSOR JOHN BURTON CLELAND, M.D.,
Ch.M., Syd.

Radiologist:

WILLIAM RAY, M.B., B.S., Adel.

Honorary Consulting Anatomist:

PROFESSOR HERBERT HENRY WOOLLARD, M.D., MELB.

HONORARY MEDICAL AND SURGICAL STAFF.

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D. R. W. COWAN, M.B., B.S., Adel.

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F.R.C.S., Eng.

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M.R.C.S., L.R.C.P., Eng.
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Lond.
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M.S., Adel.

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Honorary Assistant Ophthalmologists:

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Honorary Aural Surgeon:

HUBERT M. JAY, M.B., B.S., Adel.

Honorary Assistant Aural Surgeon:

WILLIAM C. SANGSTER, M.D., B.S., Melb.

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PROFESSOR CEDRIC STANTON HICKS, M.Sc., M.B., Ch. B., Etc.

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Honorary Bio-Chemist:

Vacant.

Honorary Sanitary Adviser.

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PROFESSOR JOHN B. CLELAND, M.D., Ch.M.,
Sydney.

Honorary Assistant Pathologist:

HARRY WYATT WUNDERLY, M.D., Melb.;
M.R.C.P., Lond.

MEDICAL OFFICERS, 1929—continued.

HONORARY MEDICAL AND SURGICAL STAFF—continued.

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HARRY CAREW NOTT, M.B., B.S., Adel.; D.M.R.E., Camb.

Honorary Assistant Physicians:

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ALBERT RAY SOUTHWOOD, M.B., B.S., M.D.,
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M.B., B.S., Melb.
HENRY KENNETH FRY, C.B.E., D.S.O., M.B.,
B.S., Adel.

Honorary Assistant Physician to Infectious Diseases Block:

FRANK HOWARD BEARE, M.D., B.S., Adel.

Honorary Assistant Physician to Consumptive Home:

FRANK RAYMOND HONE, M.D., B.S., Adel.; B.Sc.

Honorary Assistant Surgeons:

IVAN BEDE JOSE, M.B., M.S., Adel.; F.R.C.S., Eng.; F.R.C.S., Edin.

CHARLES TREVOR TURNER, M.B., B.S., Adel.

PHILIP SANTO MESSENT, M.B., M.S., Adel.

LEONARD C. E. LONDON, M.B., M.S. Adel.; F.R.C.S., Eng.; F.R.C.S., Edin.

Honorary Assistant Gynaecologists:

J. B. DAWSON, M.D., F.R.C.S., Eng.; L.R.C.P.,
Lond.

BRIAN HERBERT SWIFT, M.B., B.S. Cantab.
F.R.C.S., Edin.

Medical Officer T.B. Clinic:

CHARLES H. G. RAMSBOTTOM, M.D., Ch.B., Manchester, M.R.C.P., Lond.

Bacteriologist in Charge of Vaccine Department:

HELEN M. MAYO, M.B., B.S., Adel.

Assistant to Honorary Officer-in-Charge of Electro-Cardiograph:

ERIC FRANK GARTRELL, M.B., B.S., Adel.; M.R.C.P., Lond.

Radium Therapist:

HAROLD ALEXANDER MCCOY, M.B., Ch.M.,
Syd.; D.M.R.E., Camb.

Deep X-Ray Therapist:

JOSEPH STANLEY VERCO, M.B., B.S., Adel.

Honorary Clinical Assistant to the Ophthalmic Department:

JAMES ALEXANDER ROLLAND, M.B., B.S., Adel.

ALFRED LADYMAN TOSTEVIN, M.B., B.S., Adel.; D.O., Oxon.

Honorary Anaesthetists:

ALLAN DUNSTAN LAMPHEE, M.B., B.S.,
Adel.; M.R.C.P., Lond.

GILBERT BROWN, M.B., Ch.B., Liverpool.

GARTON MAXWELL HONE, M.B., B.S., Adel.

RALPH LEO KENIHAN, M.B., B.S., Adel.

FREDERICK E. TERRILL, M.B., B.S., Adel.

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F.R.C.S., Edin.

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EUSTACE COUPER BLACK, M.B., B.S., Adel.

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STEWART ROY HECKER, M.B., B.S., Adel.

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F.R.C.S., Eng.

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Adel.

HENRY EDWIN PELLEW, M.B., B.S., Adel.

WILLIAM ARTHUR PRYOR, M.B., B.S., Adel.

Honorary Clinical Assistant to the Venereal Clinic (Male Section).

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Medical Officers Night Clinic (Venereal Diseases):

Males:

GLEN H. BURNELL, C.B.E., D.S.O., M.D.,
B.S., Adel.; F.R.C.S., Edin.

Females:

REGINALD FRANCIS MATTERS, M.B., Ch.M.,
Syd.; F.R.C.S., Edin.; M.D., Adel.

RESIDENT MEDICAL STAFF.

Medical Superintendent:

JAMES G. SLEEMAN, M.D., Adel.

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M.B., B.S., Adel.

SURGICAL REGISTRAR.

JAMES ESTCOURT HUGHES, M.B., B.S., Adel.

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JAMES, WILLIAM REX, M.B., B.S., Adel.	TRUDINGER, MALCOLM AUGUST, M.B., B.S., Adel.
KELLY, MICHAEL, M.B., B.S., Adel.	VERCO, RONALD LISTER, M.B., B.S., Adel.
LONDON, ALAN HARDING, M.B., B.S., Adel. succeeded by	
SAVAGE, ARTHUR CHARLES, M.B., B.S., Adel.	

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A. P. R. MOORE, B.D.S., D.D.Sc.	F. M. SWAN, L.D.S.
A. S. RANDELL, D.D.Sc.	H. GILL WILLIAMS, L.D.S.
H. C. D. TAUNTON, D.D.Sc.	L. S. ROGERS, B.D.S.
P. R. BEGG, B.D.S.	J. L. EUSTACE, B.D.S.
R. GODSON, D.D.Sc.	J. A. O'DONNELL, B.D.S., D.D.Sc.
G. HARDY, B.D.S., L.D.S.	J. LAYBOURNE SMITH, M.A.C.D.
	R. J. BRAZIL-SMITH, B.D.S.

Honorary Consulting Metallurgist to the Dental Branch :

R. A. L. LAUGHTON.

Dental Superintendent:

THOS. D. CAMPBELL, D.D.Sc.

House Dental Surgeon

JOHN FRANCIS CLARK, B.D.S.

DISPENSER :

W. F. HAMMER, M.P.S.

RESIDENT MASSEUSE:

MISS E. M. ASHTON.

ADELAIDE HOSPITAL.

Roll of Honor for Serving their King and Country in the Great War, 1914-18.

Earl, H., porter.	Hill, A. W., Dr., H.M.O.
Cliff, S., porter.	Poulton, B., Dr., H.M.O.
Draper, T. W., porter.	Todd, C. E., Dr., H.M.O.
Cavanagh-Mainwaring, Dr. H.M.O.	Johnson, E. A., Dr., H.M.O.
Newland, H. S., Dr., H.M.O.	Rinder, L., charge nurse.
Watson, A., Prof., H.M.O.	Kingsmill, E. M., charge nurse.
White, L. E., charge nurse.	Gurner, M. H., charge nurse.
Graham, M., matron.	Nelson, A., charge nurse.
Haynes, O. L., charge nurse.	Millikin, J., galvanist.
Hay, M., charge nurse.	Giles, W. A., Dr., H.M.O.
Peters, E. A., charge nurse.	Gault, A. H., Dr., H.M.O.
Shearer, A. C., charge nurse.	Harfold, R. E., Dr., H.M.O.
Burston, S. R., Dr., H.M.O.	Hone, F. S., Dr., H.M.O.
Deere, F. M., charge nurse.	Lynch, A. F., Dr., H.M.O.
Cunningham, A., charge nurse.	Shillabeer, J. M., charge nurse.
McManus, L. V., charge nurse.	Clark, H. M., charge nurse.
Medlyn, C., secretary.	Sanders, C. D., charge nurse.
Rodgers, M., charge nurse.	Reed, E. A., charge nurse.
McLean, C. G., charge nurse.	Davis, D., charge nurse.
Yeatman, C., Dr., medical supt.	Cherry E. J. S., charge nurse.
De Crespigny, C. T. C., Dr., H.M.O.	Simon, L. H., charge nurse.
Cudmore, A. M., Dr., H.M.O.	Haggard, V. C. D., charge nurse.
Williams, F. E., asst. laby.	Ransome, F., charge nurse.
Howitt, F. M., charge nurse.	Rodgers, D., charge nurse.
Nott, H. C., Dr., R.M.O.	Brinsley, D. A. H., charge nurse.
Beard, J. R. S., Dr., R.M.O.	Horne, S. H., engineer.
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LeMessurier, F. N., Dr., R.M.O.	Wilson, A. V., charge nurse.
Verco, J. S., Dr., R.M.O.	Bennett, M. A., charge nurse.
Guymmer, E. A., Dr., R.M.O.	Dunn, L. A., charge nurse.
Kitson, F., charge nurse.	Holden, F. M., charge nurse.
Daw, L. C., charge nurse.	Rogers, A. M., charge nurse.
Turner, C. T., Dr., R.M.O.	Howie, L. C., charge nurse.
Close, W. J., Dr., R.M.O.	Ridgway, D. A., charge nurse.
Wall, F. L., Dr., R.M.O.	McHugh, E. A. M., probationer.
Barnes, G. E., charge nurse.	Wharff, M. H., probationer.
Clarence, F. E., asst. laby.	Shapter, R. E., laby. attendant.
Thompson, F. H., attendant.	Coombs, V. R., charge nurse.
Smeaton, B., Dr., H.M.O.	Sutherland, M. I., charge nurse.
Nelson, H. G., clerk.	Parkinson, I. L., charge nurse.
Burns, W., asst. attendant.	McConville, M. A., charge nurse.
Smith, D., porter.	Kealy, M., charge nurse.
James, I., porter.	Stevens, V. J., charge nurse.
McKenzie, A., kitchen.	Ringwood, A. M., charge nurse.
Hayward, W. T., Dr., H.M.O.	Hunt, M. A., charge nurse.
Hamilton, J. A. G., Dr., H.M.O.	Osborne, A. C. L., charge nurse.
Wilson, T. G., Dr., H.M.O.	Paterson, A. G., charge nurse.
Browne, J. W., Dr., H.M.O.	Thomas, L. E., charge nurse.
Scott, F. S., Dr., H.M.O.	Sandison, E. M., charge nurse.
Kellaway, Professor, H.M.O.	Couston, J. H., charge nurse.
Smith, W. L., Dr., R.M.O.	Malcolm, M. S., probationer.
Haste, R. A., Dr., R.M.O.	Rudall, Maud B., charge nurse.
Shepherd, A. E., Dr., H.M.O.	Hoggarth, J. M., charge nurse.
Rogers, R. S., Dr., H.M.O.	

EXTRACTS FROM RULES AND REGULATIONS.

PATIENTS.

Privileges of Contributors.

21. In-patients.—Subject to regulations pertaining to admission of patients, every contributor of £2 annually shall have the privilege of recommending one indoor patient in the year; of £5 annually, three indoor patients in the year; of £10 annually, the privilege of having always one patient in the hospital.

22. Out-patients.—Subject to rules pertaining to out-patients, contributors of £2 annually shall also have the privilege of recommending six outdoor patients for relief from the dispensary; contributors of £5, 12 patients; contributors of £10, 15 patients: Provided that such recommendations shall only be issued by the contributors to persons who cannot pay for medical treatment elsewhere.

23. Life contributors of £20 or more shall have the privileges set out in regulations 21 and 22 estimated as if their annual contribution had been one-tenth of their actual contribution.

24. It shall be optional for contributors to have indoor order forms supplied in lieu of outdoor forms at the rate of one of the former for six of the latter.

25. Recommendations shall only be given to persons who, on account of their straitened circumstances, are proper subjects for hospital treatment.

Admission of Patients.

26. Responsible relatives of or applicants for admission themselves shall furnish particulars of their financial position and make a declaration, on a form supplied for that purpose, to the effect that they are unable to pay for medical treatment and stating whether the applicant is entitled to medical attendance from any benefit society or lodge: Provided that the Board shall have power to refuse admission to any applicant or to charge the cost of maintenance of the applicant in hospital either to the applicant or his responsible relative or guardian.

28. Notwithstanding the provisions of regulation 26, in cases of severe accidents and of emergency, patients may be admitted at all times by the Resident Medical Officer on duty.

29. No infectious case, or suspected infectious case (other than enteric fever or tuberculosis), or children under 12 years of age, or any infant (on account of the condition of the mother) shall be admitted to the hospital proper except with the consent of the Medical Superintendent, who may admit such patient or child in any case where the life of the patient or of the child would be endangered by his refusal to do so. Cases of infectious diseases, except as provided above, shall be admitted to the Infectious Diseases Block of the Adelaide Hospital.

30. No patient who can be treated at the Out-Patients' Department, or who is obviously incurable, shall be admitted.

31. It shall be the duty of the honorary medical officer concerned to discharge a patient when his treatment is completed except as provided for under the regulations for the Medical Superintendent.

35. The hours for patients to present their recommendations for admission shall be from 10 a.m. to 4 p.m., except in cases of emergency or accident.

Admission of Patients on Payment of Fees for Maintenance.

42. Persons seeking admission whose means will not enable them in any other way to procure such medical attendance as their cases may require may be admitted into the institution upon payment of maintenance fees, not exceeding the rate of 10s. per diem, and upon the patient or a responsible person entering into an agreement with the Lay Superintendent undertaking the payment during the time the patient remains in the institution.

43. Every person admitted for treatment at the hospital who has made a declaration or statement in writing that he is unable to pay for medical advice and that he is not entitled to any benefit from any lodge, shall, nevertheless, be liable to pay to the Board a sum not exceeding 10s. for each day during which he receives medical attendance at or from the hospital.

Visitors to Patients.

44. Subject to regulations hereinafter contained, relations and friends desirous of visiting patients may be admitted to the institution (by tickets only to be procured in the wards) for that purpose on Tuesdays, Thursdays, and Sundays between the hours of 2 p.m. and 4 p.m., and shall leave the wards punctually at the latter hour.

45. Not more than two visitors to each patient shall be allowed on any one day unless with the permission of the medical officer in charge of the case.

46. Exceptions to regulations 44 and 45 shall only be allowed by special permission of the Resident Medical Officer or Medical Superintendent in favor of relations or friends of patients in a dangerous state or to Jews on their Sabbath.

47. Near relatives and visiting members of friendly societies may be permitted to visit a patient in the evening between the hours of 7-30 p.m. and 8-30 p.m., provided they possess a night visitor's card signed by the Medical Superintendent. Such cards of admission shall be issued only to those visitors who, on account of their employment, or some other good cause, are not able to attend during the day time. The cards must be presented for inspection to the gatekeeper and the nurse in charge of the respective wards.

48. No person shall directly give to a patient any food, drinks, or refreshment of any kind whatsoever. All parcels shall be handed to the nurse in charge, who shall inspect them and obtain the approval of the Resident Medical Officer before handing them to the patients.

RELIGIOUS INSTRUCTION.

49. Patients shall be at liberty to receive the visits of ministers of the religious denominations to which they respectively belong, and a card indicating the professed religion of the patient shall be placed over the bed on admission. Ministers, however, shall not be allowed to remain in the wards during the professional visits of the medical officers without permission.

50. Ministers of religion and other persons visiting the hospital shall not interfere with the repose and quiet of patients.

51. Public religious services shall not be held in the wards of the hospital.

52. A room in the hospital shall, when practicable, be available for public worship by the convalescent patients of each religious persuasion.

ANNUAL REPORT, 1929.

The Board of Management of the Adelaide Hospital, in accordance with Section 12 (1) of the Hospitals Act Amendment Act, 1921, has the honor to submit for the information of the Minister, the Sixtieth Annual Report on the administration, showing the condition and progress of the Institution, for the year ended December 31st, 1929.

The Board held 55 meetings during the year. In addition, the Chairman and members frequently and continuously throughout the year pay visits to the Hospital in connection with the administrative work. The condemnation of worn out and useless stores is under their supervision.

The following information is submitted relating to the treatment of patients, &c. :—

ADELAIDE HOSPITAL.

IN-PATIENTS.

Admitted—	1928.	1929.
Remaining in Hospital on January 1st.	389	435
Admissions during the year	8,728	9,181
Total number of in-patients treated during the year.	<u>9,117</u>	<u>9,616</u>
Discharges during the year—		
Recovered	2,041	1,146
Relieved	4,915	6,155
Unrelieved.....	845	1,093
Other causes	229	180
Died	652	642
Remaining in Hospital on December 31st.	435	400
	<u>9,117</u>	<u>9,616</u>
Average number resident daily throughout the year	441	467
Average number of days each patient was resident in the Hospital.....	18	17.5

Cost of Treatment.

	Expenditure 1928.			Expenditure 1929.		
Maintenance.	£	s.	d.	£	s.	d.
Salaries, wages, &c.	39,309	14	5	40,758	15	7
Provisions	17,800	9	5	18,089	0	0
Medicines, &c.	8,321	16	8	9,684	3	7
Drapery	907	4	0	1,059	3	5
Crockery, Ironmongery, &c.....	1,447	13	10	1,116	5	5
Fuel and lighting	8,914	9	3	9,036	6	4
X-Ray department	1,497	11	4	1,883	18	7
Miscellaneous	6,545	13	7	6,667	17	0
	<u>84,744</u>	<u>12</u>	<u>6</u>	<u>88,295</u>	<u>9</u>	<u>11</u>
Add cost of repairs and maintenance of buildings, &c., expended by Architect-in-Chief's Department	—			5,171	4	6
	<u>£84,744</u>	<u>12</u>	<u>6</u>	<u>£93,466</u>	<u>14</u>	<u>5</u>

Cost of Treatment—continued.

	Expenditure 1928.			Expenditure 1929.		
	£	s.	d.	£	s.	d.
Average total cost of each in-patient ..	8	18	8	9	6	5 ² / ₅
Annual cost per bed occupied	184	13	8 ¹ / ₅	191	19	2 ³ / ₅
Average daily cost	0	10	1 ¹ / ₁₀	0	10	6 ¹ / ₅

N.B.—In arriving at the annual cost per bed occupied, a deduction for the cost of attendance and medicines supplied to out-patients is made.

Prior to the year 1929, the costs of repairs and maintenance of buildings, &c., expended by the Architect-in-Chief's Department were not included in the total expenditure.

Omitting these costs for 1929, the figures would read :—

	1929.		
	£	s.	d.
Average total cost of each in-patient	8	15	8 ³ / ₁₀
Annual cost per bed occupied	180	17	9
Average daily cost	0	9	10 ⁹ / ₁₀

thus showing a reduction on the corresponding figures for the year 1928.

OUT-PATIENTS' DEPARTMENT.

	1928.		1929.	
	Males.	Females.	Males.	Females.
Number of patients remaining from previous year ..	491	515	392	558
Number of new patients ..	3,199	2,395	4,190	2,993
Number of new patients previously treated	1,058	1,222	1,472	1,603
Total number of persons treated	4,748	4,132	8,880	6,054
Total number of attendances	24,482	19,002	43,484	29,802
			23,653	53,455

	1928.			1929.		
	£	s.	d.	£	s.	d.
Salaries, wages, &c.	1,265	17	0	1,288	17	0
Medicines, &c.	818	15	11	1,113	11	0
	2,084	12	11	2,402	8	0
Average total cost per out-patient	0	4	8 ³ / ₁₀	0	4	3 ² / ₅
Average total cost each out-patient attendance ..	0	0	11 ¹ / ₂	0	0	10 ¹ / ₅

T.B. CLINIC.

	1928 (11 months).		1929.	
	Males.	Females.	Males.	Females.
Number of patients remaining	—	—	17	8
Number of new patients ..	75	18	52	16
Number of new patients previously treated	—	—	26	5
Number of contacts	12	10	9	6
	87	23	115	35
Total number of attendances	312	197	509	449
			532	981

CONSUMPTIVE HOME AND CANCER BLOCK.

Admitted—	1928.	1929.
Remaining in Hospital on January 1st	58	62
Admissions during year	159	164
	<u>217</u>	<u>226</u>
Discharges during year—		
Left	47	38
Died	108	119
Remaining in Hospital on December 31st	62	69
	<u>217</u>	<u>226</u>
Average number resident daily throughout the year.....	60	73

Cost of Treatment.

Cost of maintenance—	£	s.	d.	£	s.	d.
Salaries, wages, &c.	2,185	14	0	2,223	19	8
Provisions, &c.	3,530	6	6	3,916	19	0
	<u>5,716</u>	<u>0</u>	<u>6</u>	<u>6,140</u>	<u>18</u>	<u>8</u>
Average total cost of each in-patient	26	6	$9\frac{9}{10}$	27	3	$5\frac{3}{10}$
Annual cost per bed occupied	95	5	$4\frac{1}{10}$	84	2	$5\frac{2}{5}$
Average daily cost	0	5	$2\frac{1}{2}$	0	4	$7\frac{3}{10}$

INFECTIOUS DISEASES BLOCK.

Admitted—	1928.	1929.
Remaining in Hospital on January 1st	26	18
Admitted during the year	426	475
	<u>452</u>	<u>493</u>
Discharges during year—		
Recovered	232	251
Relieved	170	173
Unrelieved	6	14
Other causes	4	4
Died	22	27
Remaining in Hospital on December 31st	18	24
	<u>452</u>	<u>493</u>
Average number resident daily throughout year	18	21

Cost of Treatment.

Cost of maintenance—	£	s.	d.	£	s.	d.
Salaries, wages, &c.	1,660	7	0	1,685	18	3
Provisions, &c.	1,395	12	9	1,504	16	5
	<u>3,055</u>	<u>19</u>	<u>9</u>	<u>3,190</u>	<u>14</u>	<u>8</u>
Average total cost of each in-patient	6	15	$2\frac{3}{5}$	6	9	$5\frac{3}{10}$
Annual cost per bed occupied	169	15	$6\frac{1}{2}$	151	18	$9\frac{1}{2}$
Average daily cost	0	9	$3\frac{3}{10}$	0	8	$3\frac{9}{10}$

FINANCE.

Revenue.—The total receipts from all sources, and including all branches of the Hospital, for the year 1929 were £43,009 12s. 10d., as against £41,319 2s. 5d. for the year 1928, being an increase of £1,690 10s. 5d.

The amount of patients' fees on account of the Adelaide Hospital was £11,690 2s. 5d. for the year 1929, as compared with £11,327 0s. 3d. for the year 1928, an increase of £363 2s. 2d. In view of the financial depression through which the State is passing, this amount is not considered unsatisfactory.

The amount of patients' fees for the Adelaide Hospital for the year 1929 was £11 690 2s. 5d., as compared with £2,630 6s. 8d. for the year 1921, an increase of £9,059 15s. 9d., or 344·4 per cent.

The fees received towards the maintenance of each patient, based on the daily average number of patients, in 1929 were £25 0s. 7½d. as against £7 1s. 5d. in 1921.

Patients' fees to the amount of £4,357 17s. 6d. were written off by the Board during the year.

Patients' fees received on account of the Consumptive Home show an increase of £44 11s. 9d, £1,040 15s. 11d. for the year 1929, as against £996 4s. 2d. for the year 1928.

The fees received for the maintenance of patients in the Infectious Diseases Block were £239 2s. 8d. less than the previous year; £1,312 16s. 5d. for the year 1929, as compared with £1,551 19s. 1d. for the year 1928.

Laboratory fees were £2,604 18s. 5d. for the year 1929, as compared with £2,615 5s. for the year 1928. The revenue from this branch amounts to 55·4 per cent. of the expenditure.

The Dental Branch shows a decrease in patients' fees of £250 9s. 5d. over the previous year; £1,067 2s. 5d. in 1929, as against £1,317 11s. 10d. in 1928. The revenue from this branch has been considerably affected by the prevailing financial depression, increasing numbers of destitute persons presenting themselves for treatment.

Details of revenue for 1929 will be found in Appendix No. 2. A table of comparison of revenue for the years 1921 to 1929 is also shown.

Expenditure. Details of expenditure will be found in Appendix No. 2. In order to bring the expenditure figures into line with other Hospitals for comparative purposes the Board resolved that the expenditure incurred by the Architect-in-Chief's Department on account of repairs and maintenance of buildings, &c., should be taken into account.

The total expenditure of all branches of the Hospital for the year 1929, including the sum of £5,171 4s. 6d. expended by the Architect-in-Chief's Department for repairs, &c., was £113,068 15s. 1d. The expenditure for the previous year was £103,496 15s. 1d. This does not include expenditure by the Architect-in-Chief's Department.

Salaries and wages show an increase of £2,363 6s. 9d., whilst there is an increase in provisions, medicines, &c., of £2,037 8s. 9d.

With regard to the Adelaide Hospital, the expenditure for maintenance, including the expenditure by the Architect-in-Chief's Department, was £93,466 14s. 5d., the annual cost per bed occupied being £191 19s. 2³/₅d.

The cost of maintenance, excluding the expenditure by the Architect-in-Chief's Department, was £88,295 9s. 11d., the annual cost per bed occupied being £180 17s. 9d., as compared with £184 13s. 8¹/₅d. for the previous year.

RATING FOR HOSPITAL PURPOSES ACT, 1919.

Contributions under the above Act were again required from District Councils and Corporations in the metropolitan area. The amount derived from this source was £21,716 10s. 10d.

POPULATION.

The total number of patients admitted to the Hospital for the year 1929 was 9,181, being 453 more than the number admitted during the year 1928.

The daily average number of indoor patients was 467, as compared with 441 for the previous year.

The number of indoor patients treated during the year 1929 was 9,616, as against 9,117 in 1928.

The great increase in the work of the Hospital is shown by the fact that the number of admissions has increased from 4,765 in 1919 to 9,181 in 1929, and the daily average from 299 to 467.

The number of new patients attending the Outpatients' Department was 10,258, as compared with 7,874 for the previous year. The total number of outpatient attendances in 1929 was 53,455, as against 43,484 in 1928.

In the Consumptive Home and Cancer Block the daily average was 73, and in the Infectious Diseases Block 21.

The total number of attendances at the Dental Hospital for all purposes was 31,964. The admissions for treatment were 4,787.

HONORARY STAFF.

Dr. L. C. E. Lindon, Honorary Assistant Surgeon, was granted nine (9) months' leave of absence to enable him to proceed abroad, and Dr. A. T. Britten Jones was appointed as *locum tenens*.

Professor C. S. Hicks, Honorary Clinical Physiologist, was granted ten (10) months' leave of absence, and Dr. R. F. Matters was appointed to act in his place.

During the absence of Dr. H. W. Wunderly, Honorary Assistant Pathologist, on ten (10) months' leave of absence, Dr. A. F. Hobbs was appointed to the temporary vacancy.

Dr. G. E. Jose was appointed Temporary Clinical Assistant to the Venereal Clinic during the absence on twelve (12) months' leave of Dr. G. H. Burnell.

The following members of the Honorary Staff who retired by effluxion of time on June 30th, 1929, were re-appointed for a further term of three years, viz. :—

Dr. J. R. S. G. Beard, Gynaecologist ; Dr. H. M. Jay, Aural Surgeon ; Dr. J. B. Dawson and Dr. B. H. Swift, Assistant Gynaecologists ; Dr. W. C. Sangster, Assistant Aural Surgeon ; Dr. J. B. Lewis and Dr. J. J. O'Grady, Assistant Ophthalmologists ; Dr. G. A. Lendon, Assistant Physician ; Dr. F. R. Hone, Assistant Physician, Consumptive Home ; Dr. G. M. Hone and Dr. F. E. Terrill, Anaesthetists ; Dr. R. Godson, Dr. J. A. O'Donnell, Dr. H. C. D. Taunton, Mr. P. R. Begg, Mr. J. Laybourne Smith, and Mr. H. Gill Williams, Dental Surgeons.

The following Honorary appointments were also made, viz. :—Dr. H. A. McCoy, Radium Therapist ; Dr. J. Stanley Verco, Deep X-Ray Therapist ; Dr. A. L. Tostevin and Dr. J. A. Rolland, Clinical Assistants to the Ophthalmologist ; Dr. G. H. Howard, Dr. J. B. Birch, Dr. E. C. Black, Dr. R. G. Burnard, Dr. S. R. Hecker, Dr. A. F. Hobbs, Dr. H. E. Pellew and Dr. W. A. Pryor, Anaesthetists.

ADVISORY COMMITTEE.

The Board records with deep regret the death of Mr. W. T. McCoy, B.A., who was an esteemed member of the Advisory Committee from its inception. The valuable advice given by the Committee from time to time is much appreciated by the Board.

OFFICIAL VISITORS.

The following Official Visitors were re-appointed for a further term of twelve (12) months :—

Lady Hackett-Moulden
Mesdames M. Wallington and M. B. Martin
Mr. T. P. Howard

FIRE APPLIANCES.

The Board desires to record its appreciation of the valuable services rendered by the Metropolitan Fire Brigade, which makes regular monthly inspections and reports on all fire appliances and hydrants.

OUT-PATIENTS' DEPARTMENT.

The erection of a temporary Out-patients' Department fronting Frome Road has been completed and is in occupation. The Venereal Clinic is also accommodated there.

FUTURE BUILDING ADDITIONS.

The plans of a new Out-patient, Casualty, and Admission Block, and of a new Operating Theatre Block have been approved ; it is expected that this work will be proceeded with as soon as funds are available.

LABORATORY.

Additions to the Laboratory, plans for which were approved some years ago, have not yet been proceeded with.

The old Torrens Ward, which had become unsuitable for the accommodation of patients, has been converted into a Museum and Library for the use of the Laboratory.

RADIUM AND DEEP X-RAY THERAPY.

This Department began as a separate entity in October, 1929.

A Clinical Committee for Cancer Treatment and Research, representative of all Branches of Hospital activities, was formed under the auspices of Dr. A. A. Lendon as Honorary Director.

A Deep X-Ray Therapy Plant has been ordered, and should be installed early in 1930. Funds for this plant will be provided by the General Committee for Cancer Treatment and Research, which has already made available funds for a portion of the cost of equipping and staffing this Department.

CONSUMPTIVE HOME.

A new Consumptive and Cancer Home for advanced cases is now in the course of erection at Northfield.

INFECTIOUS DISEASES BLOCK.

The new Infectious Diseases Hospital now in the course of erection at Northfield is nearing completion. This Institution will be under the management of representatives of Municipal Bodies.

HOSPITAL AUXILIARY.

The Adelaide Hospital Auxiliary continues to perform very valuable work for the benefit of the Hospital and patients. The Kiosk in the grounds of the Hospital is open each day from 9 a.m. to 5 p.m. Friends of patients, members of the Staff, and Out-patients are able to procure refreshments and other comforts throughout the day.

The Sewing Circle Branch of the Auxiliary continues to provide the Hospital with necessary supplies of bed linen, quilts, bed jackets, toilet covers, &c.

The Board desires to place on record its sincere appreciation of the untiring work of the voluntary lady workers.

The result of their activities will also be reflected in the future by the building of a Maternity Block for the Hospital, the money expended by them being subsidised by the Government and allowed to accumulate towards this object.

DONATIONS.

The Board has pleasure in recording the receipt of the following donations, viz.—

Charity Football Carnival Committee.....	£200	0	0
Sir Joseph C. Verco, K.B., to create a permanent fund the annual interest from which to be expended yearly in the purchase of books dealing directly and indirectly with the science and art of dentistry ...	200	0	0
Trustees of the late Wm. Thorngate	30	0	0
Berlei Ltd.	20	0	0

A complete list of contributors who have subscribed to the funds of the Institution during the year is contained in this Report, also a complete list of Life contributors. To all, the Board extends its grateful thanks.

DONATIONS FOR CANCER RESEARCH.

The following donations towards the purchase of equipment for treatment of patients and for Cancer Research Work at the Adelaide Hospital, are acknowledged with thanks:—

	£	s.	d.
Sir George Murray, K.C.M.G.....	100	0	0
Sir Langdon Bonython, K.C.M.G.	100	0	0
Sir Sidney Kidman, K.B., J.P.	100	0	0
Hon. R. T. Melrose, M.L.C., J.P.	100	0	0
Messrs A. A. Simpson, C.M.G.....	100	0	0
Napier Birks	100	0	0
K. D. Bowman	100	0	0
Harold Fisher	100	0	0
L. W. Gebhardt	100	0	0
A. E. Hamilton	100	0	0
E. W. Holden	100	0	0
R. E. H. Hope	100	0	0
Harold Hughes	100	0	0
J. A. C. Marshall.....	100	0	0
P. A. McBride	100	0	0
A. and G. McFarlane	100	0	0
Alex Melrose	100	0	0
J. A. T. Mortlock	100	0	0
Alex. J. Murray	100	0	0
F. N. Simpson	100	0	0
T. E. Barr-Smith	100	0	0
I. J. Warnes, J.P.	100	0	0
S. Wilcox	100	0	0
L. McTaggart	100	0	0
J. G. Duncan-Hughes	100	0	0
W. G. Hawkes, J.P.	50	0	0
W. H. Sandland	50	0	0
J. L. Murray	50	0	0
J. E. Murray	50	0	0

<i>Donations for Cancer Research—continued.</i>		£	s.	d.
F. A. Lakeman	.....	50	0	0
A. A. Scarfe	.....	25	0	0
W. S. Murray, J.P.	.....	25	0	0
H. Law Smith	.....	25	0	0
J. Keith Angas	.....	25	0	0
R. F. Angas	.....	25	0	0
J. Keynes	.....	20	0	0
Mesdames H. C. Cave	.....	100	0	0
Harold Hughes	.....	100	0	0
H. H. Wigg	.....	100	0	0
A. McDiarmid	.....	100	0	0
J. R. Corpe	.....	100	0	0
R. F. Mortlock	.....	25	0	0
Misses Lily Waite	.....	100	0	0
Eva Waite	.....	100	0	0
Grace Darling	.....	100	0	0
Gertrude Darling	.....	100	0	0
Eleanor K. Barker	.....	100	0	0
Mrs. and Mr. Dudley Turner	.....	100	0	0

BEQUESTS.

M. E. A. Davies—Balance—£6 19s. 6d.

J. White—£8 15s.

GIFTS, ETC.

The Board places on record its appreciation of the following gifts:—

Medical Works.—Valuable contributions from Dr. E. Angas Johnson.

Dental Hospital.—Donation of three pictures from Sir Joseph C. Verco, K.B.

Alexandra Ward.—Bed from Mrs. Moyse.

Books, magazines, clothing, produce, flowers, &c., from various benevolent persons and societies.

Various band concerts.

Flowers, shrubs, &c., from the Director of the Botanic Gardens, whose assistance at all times is appreciated.

Newspapers.—Proprietors of the various newspapers.

Christmas Festivities.—Cathedral Choir, Carol Singers, and others.

The News.—Its valued efforts in connection with the Charity Football Carnival, by which the Institution and Hospital Auxiliary benefited by the sum of £200, are much appreciated.

Attached are statistics, reports, &c.

I have, the honour to be Sir,

Your obedient servant,

B. H. MORRIS, M.B., B.S.

Chairman, Adelaide Hospital Board.

APPENDIX No. 1.
HOSPITAL STATISTICS FOR THE YEARS 1870 TO 1929, INCLUSIVE.

Year.	Number of Cases Admitted.	Number of Deaths of In-Patients.	Average Daily number of Beds Occupied.	Average number of Days Patients Discharged during the Year have been in Hospital.	Annual Cost of per Bed *Occupied.	Number of Attendances of Out-Patients Treated.	Actual Cost of Maintenance. +	Amount of Fees Received for Maintenance of Patients. +	Fees received towards Maintenance of each patient (based on daily average of Patients, and not deducted in calculating "Annual Cost of each Patient").
					£ s. d.		£ s. d.	£ s. d.	£ s. d.
1870	1,203	97	151	43	46 9 2½	12,885	8,131 5 6	283 3 1	1 17 6
1871	1,288	87	141	40	46 15 11	15,463	7,619 11 2	346 0 6	2 9 1
1872	1,344	108	139	38	47 2 9½	16,621	7,488 11 5	411 19 7	2 19 3½
1873	1,438	81	137	35	47 2 10	15,930	7,284 3 2	503 15 10	3 13 6½
1874	1,685	98	134	29	51 4 3½	14,872	7,778 13 2	446 1 9	3 6 7
1875	1,958	179	157	29	46 2 0	17,220	8,479 2 9	322 0 4	2 1 0½
1876	2,130	167	169	27	51 15 1½	16,456	9,947 5 4	500 9 4	2 19 11½
1877	2,157	153	188	30	53 7 2¾	20,665	11,597 18 8	403 12 6	2 2 11½
1878	2,441	185	189	28	46 2 11	20,093	10,156 2 6	821 0 6	4 6 10½
1879	2,225	148	165	26	48 8 8	15,242	9,566 10 3	734 13 4	4 9 0½
1880	2,088	139	155	30	47 16 2½	15,763	8,705 1 8	726 12 5	4 13 9
1881	2,105	131	159	25	43 19 4½	15,981	8,196 3 6	674 19 6	4 4 10½
1882	2,115	176	174	28	44 2 5½	14,188	8,937 2 0	700 4 1	4 4 0 5½
1883	2,119	174	165	28	58 14 2	7,661	10,548 16 3	637 12 10	3 17 3½
1884	2,129	159	172	28	56 6 6	8,218	10,693 3 9	791 18 3	4 12 1
1885	2,024	153	167	29	53 4 8	7,445	9,755 11 0	660 14 9	3 19 1½
1886	1,878	164	174	33	51 14 10½	10,320	9,679 8 6	565 19 10	3 5 0½
1887	1,895	144	172	32	51 16 10	10,554	9,686 13 11	657 2 3	3 16 4½
1888	2,003	180	184	31	49 13 3¾	10,983	9,875 11 7	529 19 5	2 17 7½
1889	2,075	169	191	33	64 5 3	13,046	12,877 18 6	435 3 5	2 5 6½
1890	2,026	191	185	32	63 4 10½	12,877	12,416 4 2	552 0 1	2 19 8
1891	2,147	205	192	31	66 7 10¾	13,003	13,699 18 5	516 8 4	2 13 9½
1892	2,251	193	195	29	66 17 10¼	12,495	14,011 10 11	497 17 8	2 11 0½
1893	2,328	213	201	30	62 7 9	14,513	13,483 2 10	662 3 4	3 5 11
1894	2,366	209	209	33	62 8 2	15,286	14,012 17 1	570 2 0	2 14 6½
1895	2,621	260	239	37	53 5 7	16,484	13,760 3 6	563 3 6	2 2 7 1

1896	2,438	222	225	32	61	16	8	15,808	14,890	9	8	427	17	7	1	18	0 $\frac{1}{2}$
1897	2,740	225	231	31	71	1	10	18,040	17,568	4	10	421	3	2	1	16	5 $\frac{1}{2}$
1898	3,246	246	234	26	69	14	6	17,468	17,564	19	1	320	5	10	1	7	4 $\frac{1}{2}$
1899	3,493	257	244	25	69	7	6 $\frac{1}{2}$	18,117	18,200	12	0	513	18	8	2	2	1 $\frac{1}{2}$
1900	3,036	243	219	25	75	5	10 $\frac{3}{4}$	17,390	17,616	1	8	338	14	11	1	10	11
1901	3,371	282	250	25	75	12	11	19,233	20,103	12	8	322	14	7	1	5	9 $\frac{3}{4}$
1902	3,193	264	248	26	73	5	6	20,233	19,065	1	8	602	19	8	2	8	7
1903	3,055	291	254	23	66	8	5	20,059	17,542	10	8	720	19	3	2	16	9
1904	2,724	265	214	28	68	16	10	20,818	15,491	7	4	799	10	8	3	14	9
1905	2,810	264	217	25	67	18	2	22,120	15,511	7	6	816	11	1	3	15	3
1906	3,056	253	222	25	67	16	7	21,902	15,919	7	5	739	9	5	3	6	7
1907	3,022	276	241	28	71	0	10	21,287	18,057	13	2	844	15	2	3	10	1
1908	3,200	270	265	26	75	1	3	20,089	20,856	8	0	828	19	9	3	2	4
1909	3,452	296	273	25	74	16	0	19,766	21,605	16	4	758	19	0	2	15	7
1910	3,763	332	274	21	77	15	10	18,838	22,488	12	10	955	18	5	3	9	9
1911	3,861	334	278	23	83	17	0	16,910	24,527	14	7	1,027	16	1	3	13	3
1912	4,024	330	288	26	101	6	0	19,343	30,832	8	7	1,619	13	3	5	12	6
1913	4,428	388	284	24	101	4	6	20,615	30,514	6	7	1,484	9	0	5	4	6
1914	5,013	371	298	20	97	16	10	20,808	30,848	4	7	1,003	10	4	3	7	4
1915	4,636	416	293	21	103	0	4	20,827	33,416	11	11	1,462	9	1	4	19	10
1916	4,861	377	292	20	119	10	2	16,882	36,857	6	2	1,130	12	11	3	17	5
1917	4,919	349	297	21	133	11	8	15,339	41,678	15	1	1,704	13	9	5	14	10
1918	5,292	423	314	21	119	17	0	18,398	39,659	1	2	1,962	13	4	3	1	3
1919	4,765	405	299	20	142	14	11	16,370	45,255	7	0	2,021	7	8	6	15	2
1920	4,980	416	334	23	165	16	1	17,591	57,378	9	1	2,157	7	10	5	19	9
1921	5,105	449	372	23	157	14	9	18,997	64,626	16	4	2,630	6	8	7	1	5
1922	5,514	460	398	24	142	5	2	19,831	62,342	1	2	4,192	16	0	10	10	8
1923	6,122	464	394	22	155	0	10	18,683	67,087	2	4	5,978	19	10	15	3	6
1924	6,792	532	419	21	157	17	3	21,049	69,880	13	2	8,006	9	2	19	2	2
1925	7,082	534	401	20	163	2	10	22,694	70,152	10	11	9,288	8	8	23	3	3
1926	7,580	547	422	20	172	7	1	24,943	75,231	9	9	10,383	6	2	24	12	1
1927	8,266	568	438	18	188	12	11	34,438	85,808	11	4	11,815	7	2	26	19	6
1928	8,728	652	441	18	184	13	8	43,484	84,744	12	6	11,327	0	3	25	13	8
1929	9,181	642	467	17 $\frac{1}{2}$	191	19	2 $\frac{3}{4}$	53,455	93,466	14	5	11,690	2	5	25	0	7 $\frac{1}{4}$

* The cost per head is arrived at by making allowance for attendance and medicines supplied to the out-patients, etc., viz., £3,821 1s. 9d. The cost per head for the year 1929 includes for the first time expenditure by the Architect-in-Chief's Department for repairs and maintenance of buildings, &c., £5,171 4s. 6d.

† For years 1870 to 1923 the amounts shown are the total expenditure for each year. From the year 1924 the amounts shown are the actual cost of maintenance for each year. The year 1929 includes expenditure (£5,171 4s. 6d.) on repairs, &c., by the Architect-in-Chief's Department, which was not previously shown.

The amount of £93,466 14s. 5d. for the year 1929 does not include:—Consumptive Home, £6,140 18s. 8d.; Infectious Diseases Block, £3,190 14s. 8d.; S.A. Government Laboratory, £4,702 10s. 1d.; and Dental Hospital, £5,880 7s. 5d.

‡ The fees received for 1929 do not include Consumptive Home, £1,040 15s. 11d.; Infectious Diseases Block, £1,312 16s. 5d.; S.A. Govt. Laboratory, £2,604 18s. 5d.; and Dental Hospital, £1,246 10s. 5d.

The total number of deaths (642) does not include Consumptives and Cancer Home (119) and Infectious Diseases Block (27).

Three hundred and ninety-two (392) patients have been sent to the Convalescent Hospital, Semaphore. The Da Costa Fund, created by Miss Da Costa, to assist convalescent patients leaving Hospital, paid for the maintenance of 313 of these patients at the Convalescent Hospital.

The number of cases of enteric fever treated, showing percentage of mortality over same:—

In 1887 there were 161 cases and 19 deaths = 11·8 per cent.

" 1888	"	177	"	15	"	= 8·4	"
" 1889	"	153	"	21	"	= 13·7	"
" 1890	"	95	"	16	"	= 16·8	"
" 1891	"	63	"	13	"	= 20·6	"
" 1892	"	85	"	15	"	= 17·6	"
" 1893	"	76	"	8	"	= 10·5	"
" 1894	"	131	"	18	"	= 13·7	"
" 1895	"	97	"	19	"	= 19·6	"
" 1896	"	138	"	18	"	= 13·0	"
" 1897	"	167	"	17	"	= 10·1	"
" 1898	"	303	"	24	"	= 7·9	"
" 1899	"	195	"	16	"	= 8·2	"
" 1900	"	75	"	8	"	= 10·6	"
" 1901	"	155	"	15	"	= 9·6	"
" 1902	"	135	"	19	"	= 14·0	"
" 1903	"	76	"	7	"	= 9·2	"
" 1904	"	42	"	7	"	= 16·6	"
" 1905	"	52	"	5	"	= 9·6	"
" 1906	"	66	"	14	"	= 21·2	"
" 1907	"	55	"	12	"	= 21·8	"
" 1908	"	72	"	9	"	= 12·5	"
" 1909	"	71	"	10	"	= 14·0	"
" 1910	"	64	"	7	"	= 10·9	"
" 1911	"	52	"	5	"	= 9·6	"
" 1912	"	64	"	6	"	= 9·3	"
" 1913	"	105	"	13	"	= 12·4	"
" 1914	"	72	"	11	"	= 15·3	"
" 1915	"	66	"	9	"	= 13·7	"
" 1916	"	86	"	12	"	= 14·0	"
" 1917	"	59	"	6	"	= 10·1	"
" 1918	"	35	"	1	"	= 2·8	"
" 1919	"	14	"	3	"	= 21·4	"
" 1920	"	33	"	3	"	= 9·0	"
" 1921	"	60	"	4	"	= 6·7	"
" 1922	"	33	"	3	"	= 9·1	"
" 1923	"	20	"	3	"	= 15·0	"
" 1924	"	22	"	2	"	= 9·1	"
" 1925	"	14	"	2	"	= 14·3	"
" 1926	"	18	"	2	"	= 11·1	"
" 1927	"	17	"	3	"	= 17·6	"
" 1928	"	16	"	5	"	= 31·25	"
" 1929	"	10	"	—	"	= —	"

Localities from which cases of Enteric Fever were received—continued.

	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
Middleton	—	—	—	1	—	—	—	—	—	—	—	—	—
Millbrook	1	—	—	—	—	—	—	—	—	—	—	—	—
Mile End	1	—	—	2	—	—	—	—	—	—	—	—	—
Millswood	—	1	—	—	—	1	—	—	—	—	—	—	—
Mitcham	—	—	—	—	—	—	—	1	—	—	—	—	—
Mona	—	—	—	—	—	—	—	—	1	—	—	—	—
Moon a Mines ..	—	—	—	—	—	—	—	—	1	—	—	1	—
Morgan	—	—	—	—	—	—	—	—	—	—	1	—	—
Murray Bridge ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Nackara	2	—	—	—	—	—	—	—	—	—	—	—	—
Nailsworth	—	—	—	—	—	—	1	—	—	—	—	—	—
North Adelaide ..	—	—	—	—	—	—	—	2	1	—	2	—	—
Northfield	—	—	—	—	—	—	—	1	—	—	—	—	—
Norwood	2	—	—	—	—	—	—	—	1	1	—	2	—
Ottoway	—	1	—	—	—	—	—	—	—	—	—	—	—
Paddington	—	—	—	—	—	—	—	—	—	1	—	—	—
Parilla	—	—	—	—	—	—	—	—	—	1	—	—	—
Parkside	—	1	1	—	2	—	—	—	—	—	1	—	—
Payneham	—	1	—	—	1	—	—	—	—	—	—	—	—
Peterhead	—	—	—	—	—	—	—	—	—	—	—	1	—
Point McLeay ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Port Adelaide ..	1	2	—	2	3	2	1	—	—	—	1	—	—
Port Elliot	1	—	—	—	—	—	—	—	—	—	—	—	—
Port Pirie	—	—	—	—	1	—	—	—	—	—	—	—	—
Prospect	1	—	—	—	1	4	—	1	—	1	—	—	—
Queenstown	—	1	—	—	—	—	—	—	—	—	—	—	—
Reade Park ..	—	—	—	—	—	—	—	—	—	—	—	—	1
Reynella	—	—	—	1	—	—	—	—	—	—	—	—	—
Rose Park	—	—	—	1	—	—	—	—	—	—	—	—	—
Rosewater	—	2	—	—	—	—	—	—	—	—	—	—	—
Rowland's Flat ..	1	—	—	—	—	—	—	—	—	—	—	—	—
Sandwell	1	—	—	—	—	—	—	—	—	—	—	—	—
Semaphore	—	1	—	1	—	—	—	—	1	—	—	1	1
Solomontown ..	—	—	—	—	—	—	1	—	—	—	—	—	—
Spalding	—	—	—	—	—	—	—	—	—	—	—	1	1
Stirling West ...	—	—	—	—	1	—	—	—	—	—	—	—	—
Ships, Seamen, fm	1	—	1	2	2	—	—	—	—	—	—	—	—
Stockade Reserve	1	—	—	—	—	—	—	—	—	—	—	—	—
Stepney	—	—	—	—	—	2	—	—	—	—	—	—	—
Sturt	—	—	—	—	—	—	—	—	—	—	—	—	1
Sutherlands	—	—	—	—	—	—	—	—	—	—	—	1	—
Tailern Bend	—	1	—	—	—	—	—	—	1	—	—	—	—
Thebarton	1	—	—	—	—	3	—	—	—	—	1	—	—
Torrens ville	—	—	—	—	—	1	—	—	—	—	—	—	—
Two Wells	—	—	—	—	1	1	—	—	—	—	—	—	—
Unley	—	—	—	—	—	—	—	—	—	—	—	1	—
Victor Harbor ..	1	—	1	—	2	—	—	—	—	—	—	—	—
Walkerville	1	—	—	—	—	—	—	—	—	—	—	—	—
Waukaringa ..	—	—	—	—	—	—	—	1	—	—	—	—	—
Welland	3	—	—	—	1	—	—	—	—	—	—	—	—
Westbourne Park	1	—	—	—	—	—	—	—	—	—	1	—	—
Willaston	—	—	—	1	—	—	—	—	—	—	—	—	—
Williamstown ..	1	—	—	—	—	—	—	—	—	—	—	—	—
Woodville	—	1	—	—	—	—	—	—	—	1	—	—	—
Yankalilla	1	—	—	—	—	—	—	—	—	—	—	—	—
Yatala	2	1	—	—	—	—	1	—	—	—	—	—	—
Yorke Peninsula.	—	1	—	—	—	—	—	—	—	—	—	—	—
Outside State (ships)	—	1	—	—	—	—	—	—	—	6	—	—	—
No Fixed Abode.	—	—	—	—	1	—	—	4	—	—	—	—	—
Totals	59	34	14	33	60	33	20	22	14	18	17	16	10

The admissions of the above mentioned were distributed throughout the year as follows, viz. :—

	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
January.....	22	7	—	7	10	9	4	—	1	4	3	2	1
February ..	12	6	4	6	7	1	3	3	—	1	2	1	1
March	4	6	2	6	6	4	4	4	1	4	4	—	1
April	6	3	4	4	4	2	3	3	3	4	2	1	3
May	3	7	2	3	6	8	3	1	2	1	1	1	—
June	2	—	—	1	2	3	2	1	1	2	—	2	1
July	2	4	—	2	5	1	—	1	—	—	—	2	—
August	1	—	—	—	4	1	—	1	—	—	—	1	1
September ...	2	—	—	1	3	1	1	1	—	1	—	1	—
October	1	2	—	2	6	3	—	—	3	1	1	1	—
November....	2	—	—	1	3	—	—	1	—	—	2	1	1
December	2	—	2	—	4	—	—	6	3	—	2	3	1

The return of prescriptions made up for other departments, &c., during the year 1929 is as follows:—

Children's Welfare and Public Relief Department—

(a) Old Folk's Home	2,738
(b) Destitute Persons	1,755
(c) State Children	262
	<hr/> 4,755
Adelaide Gaol	724
Consumptive Home	4,803
Infectious Diseases Block	2,273
Bacteriological Block (solutions, &c.)	117
Dental Hospital	39
T.B. Clinic	1,842
	<hr/> 14,553

Subjoined is a list of the honorary and paid staff of the Hospital including the Consumptive and Cancer Home, Infectious Diseases Block, Bacteriological Block, and Dental Branch :—

HONORARY STAFF.

Honorary Consulting Physicians and Surgeons, &c.	18
Honorary Physicians	4
Honorary Surgeons	4
Honorary Gynæcologists	2
Honorary Ophthalmologist	1
Honorary Assistant Ophthalmologist	2
Honorary Clinical Assistants to the Ophthalmological Department ..	2
Honorary Dermatologist	1
Honorary Pathologist	1
Honorary Aural Surgeon	1
Honorary Clinical Physiologist	1
Honorary Sanitary Adviser	1
Honorary Assistant Aural Surgeon	1
Honorary Assistant Pathologist	1
Honorary Radiologist	1
Deep X-Ray Therapist	1
Radium Therapist	1
Honorary Anæsthetists	14
Honorary Bacteriologist in charge Vaccine Department	1
Honorary Assistant Gynæcologists	2
Honorary Assistant Physician, Infectious Diseases Block	1
Honorary Assistant Physician Consumptive Home	1
Honorary Assistant Physicians	4
Honorary Assistant Surgeons	4

Honorary Staff—continued.

Honorary Clinical Assistant to the Aural Department	1
Medical Officer T.B. Clinic	1
Assist to the Honorary Officer in charge Electro-Cardiograph	1
Honorary Bio-Chemist	1
Honorary Consulting Metallurgist to the Dental Branch	1
Honorary Dental Surgeons	15
Honorary Clinical Assistant to the Venereal Clinic (Male Section) ...	1
Total Honorary Staff	91

SALARIED STAFF.

Medical Superintendent	1
Surgical Registrar	1
Medical Registrar	1
Surgeons' Night Clinic (part-time)	2
Medical Officer, Radium and Deep X-Ray Therapy Departments ...	1
Resident Medical Officers	13
Lay Superintendent	1
Senior Clerk	1
Dispenser	1
Assistant Dispensers	2
Junior Assistant Dispenser	1
Senior Masseuse	1
Assistant Masseuses (part-time)	6
Telephonistes	3
Clerks.....	6
Enquiry Officer	1
Shorthand Typistes	2
Radiographer	1
Assistant Radiographer	1
Junior Assistant Radiographers	2
Comptometriste	1
Storekeeper	1
Assistant Storekeeper	1
Mechanician, &c.	1

Dental Branch.

Dental Superintendent	1
Dental House Surgeon and Demonstrator.....	1
Dentist	1
Senior Dental Mechanic	1
Dental Mechanics	2
Dental Surgeon	1
Dental Surgeon (part time)	1
Clerks.....	3
Dental Improver	1
Dental Nurses	4

Laboratory of Bacteriology and Pathology.

Director	1
Deputy Director	1
Laboratory Assistants.....	6
Laboratory and Museum Assistant.....	1
Clerk	1

Nursing Staff (includes Nurses at Consumptive Home and Infectious Diseases Block).

Matron	1
Assistant Matron	1
Matron, Consumptive Home	1
Matron, Infectious Diseases Block	1
Charge Nurses	39
Probationer Nurses	172

Domestic Staff.

Housekeeper	1
First Seamstress	1
Second Seamstress	1
Forewoman Laundress	1
Laundresses	18
Wardmaids and Housemaids (exclusive of Consumptive Home and Infectious Diseases Block)	52
Laboratory Maids	2
Dental Maid	1
Charwoman (part time)	9
Charwoman, Operating Theatre	1
Cooks—1st Cook	1
2nd Cook	1
3rd Cook	1
Cooks	2
Kitchenmaids	2

Infectious Diseases Block.

Cook	1
Assistant Cook	1
Wardmaids	4
Porter	1

Consumptive Home.

Cook	1
Assistant Cook	1
Wardmaids	6
Porters	2
Mug Cleaner (Patient)	1

Male Staff.

Foreman Porter	1
Mortuary Porter	1
Dental Porter	1
Laboratory Porter	1
Laundryman	1
Messenger	1
Carpenter	1
Handyman	1
Head Gardener	1
Gardener	1
Attendants	3
Porters (exclusive of Consumptive Home and Infectious Diseases Block)	17
Boiler Attendants (paid by Architect-in-Chief's Department)	3

Total Salaried Staff 438

APPENDIX No. 2.

FINANCIAL.

Revenue for Year ended December 31st, 1929.

Adelaide Hospital—	£	s.	d.	£	s.	d.
Patients' fees	11,312	12	11			
Patients' X-Ray Fees	377	9	6			
	11,690	2	5			
Subscribers' contributions	929	8	4			
Students' fees	170	2	0			
Sale of drugs, &c. (to Government departments)	255	3	0			
Sale of kitchen refuse, &c.	441	18	0			
Repayments	502	12	8			
Sundries	879	11	2			
Rebate on gas	208	6	10			
Witness Fees	8	16	6			
Sale patients' property unclaimed six years	1	19	11			
	15,088	0	10			
Amounts received under the Rating for Hospital Purposes Act, 1919	21,716	10	10			
				36,804	11	8
Consumptive Home—Fees				1,040	15	11
Infectious Diseases Block—Fees				1,312	16	5
Laboratory—Fees				2,604	18	5
Dental Branch { Fees, patients, £1.067 2s. 5d. ... } { Students' fees, £179 8s. 0d. }				1,246	10	5
Total				£43,009	12	10

Comparison of Revenue Received for the Years 1921 to 1929.

	1921.	1922.	1923.	1924.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Adelaide Hospital	5,062 9 6	6,664 2 9	8,376 1 9	10,409 8 10
Consumptive Home	688 9 6	754 8 11	1,109 18 8	1,210 11 2
Infectious Diseases Block	3,732 4 0	3,069 15 3	2,355 7 7	2,820 0 3
S.A. Government Laboratory ..	2,301 9 5	2,528 1 0	2,228 15 9	2,601 18 6
Dental Hospital	50 17 3	106 7 9	1,478 12 5	2,053 0 5
Total	11,835 9 8	13,122 15 8	15,548 16 2	19,094 19 2

	1925.	1926.	1927.	1928.	1929.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Adelaide Hospital	12,094 16 10	13,351 10 2	14,312 0 0	*34,679 14 4	36,804 11 8
Consumptive Home	932 6 3	926 6 7	728 14 2	996 4 2	1,040 15 11
Infectious Diseases Block	2,851 16 1	1,428 14 5	1,240 19 3	1,551 19 1	1,312 16 5
S.A. Government Laboratory ..	2,489 1 4	2,676 15 4	2,751 18 11	2,615 5 0	2,604 18 5
Dental Hospital	2,539 1 2	2,331 0 5	2,533 9 0	1,475 19 10	1,246 10 5
Total ..	20,907 1 8	20,714 6 11	21,567 1 4	41,319 2 5	43,009 12 10

* Includes £20,659 18s. 8d. received under the Rating for Hospital Purposes Act, 1919.

Expenditure for Year ending December 31st, 1929.

	Salaries.			Contingencies.			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
Adelaide Hospital. } Consumptive Home } Infectious Diseases } Block..... } S. A. Government } Laboratory } Dental Hospital... }	52,792	3	3	55,105	7	4	107,897	10	7

Statement showing Actual Cost of Maintenance for Year ended December 31st, 1929.

	Salaries.			Contingencies (i.e., Medicines, Provisions, &c.)			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
Adelaide Hospital	40,758	15	7	52,707	18	10	*93,466	14	5
Consumptive Home ...	2,223	19	8	3,916	19	0	6,140	18	8
Infectious Diseases Block	1,685	18	3	1,504	16	5	3,190	14	8
S.A. Govt. Laboratory .	3,767	9	3	935	0	10	4,702	10	1
Dental Hospital	4,356	0	6	1,524	6	11	5,880	7	5
	£52,792	3	3	60,589	2	0	113,381	5	3

* See statement attached.

Statement showing Value of Various Items included in the Actual Cost of Maintenance of the Adelaide Hospital.

	£	s.	d.
Salaries and extra services	40,758	15	7
Medicines, surgical instruments, druggists' sundries..	9,684	3	7
Crockery, ironmongery, tinware, and repairs, etc.....	1,116	5	5
Drapery	1,059	3	5
Alcoholic stimulants	191	10	5
Provisions for patients, officers, nurses, and attendants—			
Meat.....	3,466	9	6
Bread.....	721	12	4
Milk	3,306	6	7
Butter	2,035	4	0
Eggs	650	13	7
Groceries, &c.	3,821	8	9
Vegetables, &c.	1,949	12	6
Fish	838	17	6
Poultry	1,051	4	6
Ice	175	7	6
Aerated waters.....	72	3	3
	18,089	0	0
X-ray appliances	1,883	18	7
Clock repairs, &c.	9	10	0
Gas	2,665	0	9
Fuel	4,634	1	3
Water and sewer rates	2,044	11	3
Stationery, printing, telegrams, telephones, &c.	2,186	16	6
Advertising, &c.....	67	1	1
Electric supply.....	1,737	4	4
Rent, fire alarm	24	14	9
Nurses' invalid cookery class	43	6	3
Funeral services	49	2	0
Ambulance charges	185	0	0
Board fees	323	8	0
Allowances	100	0	0
Repairs, renewals, and sundries	1,442	16	9
Repairs by Architect-in-Chief's Department.....	5,171	4	6
	*£93,466	14	5

* Includes the cost of repairs, etc., by Architect-in Chief's Department not previously shown.

APPENDIX No. 3.

STATISTICS FOR YEAR 1929.

Medical Statistics, 1929.

	Males.	Females.	Total.
Remaining in Hospital on December 31st, 1928	252	183	435
Admissions during the year 1929	4,708	4,473	9,181
	<hr/> 4,960	<hr/> 4,656	<hr/> 9,616
Discharges during the year 1929—			
Recovered	1,146		
Relieved	6,155		
Unrelieved	1,093		
Other causes	180		
Died.....	642		
Remaining in Hospital on December 31st, 1929—Males, 227; females, 173	400		
			<hr/> 9,616
Average number resident daily throughout the year			467
Mean residence of each patient in days			17.5
Number of out-patients attended during the year— new cases			10,258
Number of attendances of out-patients during the year.....			53,455

CLASSIFICATION OF DISEASES OF PATIENTS TREATED FOR YEAR ENDING DECEMBER 31st, 1929.

NOTE.—Concurrent Diseases.—The figures in this column represent the number of patients in whom the disease was of secondary importance or was a complication.

GROUP 1.—GENERAL DISEASES.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
A.—SPECIFIC INFECTIOUS DISEASES.										
Enteric	8	2	7	1	1	—	—	1	10	—
Malaria	4	—	—	3	—	—	—	1	4	—
Measles	—	1	—	—	1	—	—	—	1	—
Scarlet fever	—	—	—	—	—	—	—	—	—	1
Pertussis	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	1	—	—	—	1	—	—	1	2
Mumps	—	—	—	—	—	—	—	—	—	—
Dysentery	9	4	3	8	—	1	1	—	13	—
Erysipelas	3	1	1	—	3	—	—	—	4	10
Febricula	—	—	—	—	—	—	—	—	—	—
Septicaemia and pyaemia (non-puerperal)	1	—	—	—	—	—	1	—	1	8
Tetanus	3	2	—	—	—	—	5	—	5	1
Anthrax	—	—	—	—	—	—	—	—	—	—
Actinomycosis	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica	8	5	1	7	—	1	3	1	13	—
Acute anterior polio-myelitis	1	1	—	—	2	—	—	—	2	—
Epidemic cerebro-spinal meningitis	—	—	—	—	—	—	—	—	—	—
Rheumatic fever	11	28	11	24	—	1	—	3	39	2
Paratyphus (typhus-like disease)	1	5	4	2	—	—	—	—	6	—
Influenza	6	4	3	3	—	1	3	—	10	—
Varicella	1	—	—	—	1	—	—	—	1	—
B.—TUBERCULOSIS.										
Tuberculosis of lungs (specify)	110	148	—	113	99	12	14	20	258	32
Acute miliary tuberculosis	2	2	—	—	—	—	4	—	4	2
Tuberculous meningitis	1	2	—	—	—	—	3	—	3	6
Abdominal tuberculosis (specify)	5	8	—	5	5	—	1	2	13	—
Spinal caries (locate)	8	7	—	10	1	1	1	2	15	—
Tuberculosis of joints (locate)	9	11	—	14	2	—	—	4	20	4
Tuberculosis of other organs—										
(a) Pharynx and larynx	2	2	—	1	1	—	1	1	4	7
(b) Genito-urinary (locate)	8	3	—	3	3	1	3	1	11	4
(c) Lymph glands	6	4	—	9	—	—	1	—	10	—
(d) Bone	2	2	—	2	—	1	—	1	4	2
(e) Skin	—	1	—	—	—	—	—	1	1	—
(f) Eye	1	—	—	—	1	—	—	—	1	—
Tuberculous abscess (locate)	2	—	—	2	—	—	—	—	2	4
Disseminated tuberculosis	—	—	—	—	—	—	—	—	—	—
C.—VENEREAL DISEASE.										
Syphilis primary	4	—	—	4	—	—	—	—	4	2
Syphilis secondary	1	6	—	5	2	—	—	—	7	3
Syphilis tertiary	46	23	—	38	17	1	12	1	69	20
Syphilis hereditary	—	1	—	—	1	—	—	—	1	1
Soft chancre	—	—	—	—	—	—	—	—	—	—
Gonococcus infection (locate)	76	52	1	113	9	1	1	3	128	19
D.—MALIGNANT DISEASES.										
Cheek	9	5	—	6	3	1	2	2	14	2
Ear	2	2	—	1	3	—	—	—	4	—
Floor of mouth	8	—	1	6	—	—	1	—	8	—
Jaw	3	1	—	3	1	—	—	—	4	—
Lip	32	—	4	23	3	—	—	2	32	—
Roof of mouth	3	—	—	1	1	—	1	—	3	—
Tonsils and fauces	11	—	—	4	2	—	4	1	11	1
Tongue	10	2	—	7	4	—	1	—	12	2
Oesophagus	10	3	—	4	4	—	5	—	13	2
Liver	2	7	—	2	4	—	3	—	9	10
Stomach	48	17	—	12	36	1	13	3	65	4
Intestines	27	13	—	12	11	3	14	—	40	5
Peritoneum and abdomen	4	—	—	—	2	—	2	—	4	2
Rectum and anus	8	3	—	5	2	—	2	2	11	—
Ovaries	—	8	1	3	3	—	1	—	8	2
Uterus	—	46	—	20	22	1	1	2	46	2
Vulva and vagina	—	4	—	2	1	—	1	—	4	1
Breast	—	30	—	23	6	—	1	—	30	—
Rodent ulcer	13	3	—	11	3	—	2	—	16	6
Epithelioma	—	1	—	—	1	—	—	—	1	—

GROUP 1.—GENERAL DISEASES—continued.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
H.—BLOOD DISEASES.										
Anaemia—										
Aplastic	7	10	1	11	1	—	4	—	17	1
Pernicious	1	7	—	5	1	1	1	—	8	12
Secondary	—	—	—	—	—	—	—	—	—	—
Chlorosis	—	—	—	—	—	—	—	—	—	—
Polycythaemia	—	—	—	—	—	—	—	—	—	—
Hodgkin's Disease	4	3	—	3	2	—	2	—	7	—
Leukaemia—										
Myeloid	2	2	—	—	1	—	1	2	4	—
Lymphatic	—	2	—	1	—	—	1	—	2	—
Purpura (haemorrhagia, &c.)	1	1	—	1	—	—	1	—	2	—
Haemophilia	1	—	—	—	—	—	—	1	1	1
Toxaemia	—	—	—	—	—	—	—	—	—	2
I.—INTOXICATIONS.										
Alcoholism—										
Acute	46	9	4	50	—	1	—	—	55	16
Chronic	23	5	3	19	5	—	—	1	28	17
Chronic lead poisoning	5	—	—	3	2	—	—	—	5	—
Arsenical poisoning	—	—	—	—	—	—	—	—	—	—
Mercurial poisoning	—	—	—	—	—	—	—	—	—	—
Morphia habit	3	—	—	2	1	—	—	—	3	2
Ptomaine poisoning	—	—	—	—	—	—	—	—	—	—
Total	842	727	53	879	360	34	162	81	1569	329

GROUP 2.—NERVOUS SYSTEM.

A.—DIFFUSE DISEASES.										
Pachymeningitis	6	1	—	3	—	—	4	—	7	10
Leptomeningitis	—	—	—	—	—	—	—	—	—	—
Disseminated sclerosis	5	2	—	2	5	—	—	—	7	—
B.—SYSTEM DISEASES.										
Tabes dorsalis	9	1	—	3	4	—	—	3	10	9
Tabo-paresis	—	—	—	—	—	—	—	—	—	—
General paralysis	1	1	—	—	—	1	1	—	2	1
Friedreich's ataxia	—	—	—	—	—	—	—	—	—	—
Progressive muscular atrophy	1	—	—	—	1	—	—	—	1	—
Hemiplegia (paralysis of unspecified cause)	5	5	—	4	1	—	1	4	10	34
Muscular dystrophy	—	1	—	1	—	—	—	—	1	—
Subacute combined degeneration	1	—	—	—	—	—	1	—	1	6
C.—DIFFUSE AND FOCAL DISEASES OF SPINAL CORD.										
Caisson disease	—	—	—	—	—	—	—	—	—	—
Compression of cord	—	—	—	—	—	—	—	—	—	—
Myelitis	—	—	—	—	—	—	—	—	—	—
Syringomyelia	2	—	—	1	1	—	—	—	2	—
Benign tumor of spinal cord	—	—	—	—	—	—	—	—	—	—
D.—DISEASES OF BRAIN.										
Cerebral abscess	1	1	—	—	—	—	1	1	2	4
Cerebral anaemia, oedema, hyperaemia	—	—	—	—	—	—	—	—	—	3
Cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—
Meningo-encephalitis	—	—	—	—	—	—	—	—	—	—
Cerebral haemorrhage	18	14	—	9	6	2	13	2	32	53
Cerebral thrombosis and embolism	7	4	—	3	4	—	4	—	11	14
Cerebral tumour	12	5	—	6	4	—	5	2	17	2
Paralysis of unspecified cause	—	—	—	—	—	—	—	—	—	—
E.—DISEASES OF NERVES.										
Intercostal neuralgia	1	3	—	3	—	—	—	1	4	1
Localised neuritis	2	1	—	2	1	—	—	—	3	—
Sciatica	16	5	1	18	1	—	—	1	21	2
Multiple peripheral neuritis	1	3	—	1	—	—	1	2	4	5
Trigeminal neuralgia	2	7	—	6	3	—	—	—	9	—
Facial paralysis	2	—	—	—	2	—	—	—	2	2
Herpes zoster	3	3	—	1	3	—	1	1	6	—
Neuroma	—	—	—	—	—	—	—	—	—	—
Neurofibromatosis (von Recklinghausen's)	—	—	—	—	—	—	—	—	—	—
Lesions of individual peripheral nerves	1	—	—	—	—	1	—	—	1	1

GROUP 2.—NERVOUS SYSTEM—continued.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
F.—GENERAL AND FUNCTIONAL DISEASES.										
Musculo-spiral paralysis	1	—	—	—	1	—	—	—	1	—
Chorea	2	3	—	3	—	—	—	2	5	—
Huntingdon's chorea	1	—	—	—	—	—	—	1	1	—
Headache	4	1	—	4	1	—	—	—	5	1
Epilepsy	31	8	—	18	16	—	2	3	39	6
Convulsions (Epileptiform)	—	—	—	—	—	—	—	—	—	—
Jacksonian epilepsy	4	—	—	4	—	—	—	—	4	—
Hysteria	14	38	2	42	7	—	—	1	52	12
Mental alienation	27	17	1	16	21	3	2	1	44	20
Migraine	—	5	—	3	2	—	—	—	5	—
Neurasthenia	38	89	—	89	34	1	—	3	127	28
Paralysis agitans	4	1	—	1	4	—	—	—	5	4
Tic and spasms	—	—	—	—	—	—	—	—	—	1
Neurosis	1	4	—	5	—	—	—	—	5	1
Tetany	—	—	—	—	—	—	—	—	—	—
Aphasia	1	—	—	1	—	—	—	—	1	3
Somnambulism	—	1	—	1	—	—	—	—	1	—
Amnesia	1	—	—	1	—	—	—	—	1	—
G.—VASOMOTOR AND TROPHIC DISORDERS.										
Angioneurotic oedema	1	2	—	2	—	—	—	1	3	1
Raynaud's disease	—	—	—	—	—	—	—	—	—	—
Scleroderma	—	—	—	—	—	—	—	—	—	—
Pink disease	—	—	—	—	—	—	—	—	—	—
Erithromelalgia	—	—	—	—	—	—	—	—	—	—
DISEASES OF THE EYE.										
A.—DISEASES OF CONJUNCTIVA.										
Conjunctivitis, follicular and catarrhal .	9	3	2	6	2	—	—	2	12	10
Trachoma	17	21	2	31	4	—	—	1	38	8
Subconjunctival hæmorrhage (non-traumatic)	1	—	—	1	—	—	—	—	1	—
Pterygium	13	4	6	11	—	—	—	—	17	—
Benign new growth	—	—	—	—	—	—	—	—	—	—
B.—DISEASES OF CORNEA AND SCLERA.										
Corneal ulcer	22	3	2	21	—	—	—	2	25	11
Keratitis (non-syphilitic)	2	3	—	5	—	—	—	—	5	3
Hypopyon	1	—	—	1	—	—	—	—	1	1
Opacities (leucoma, &c.)	8	—	—	5	1	1	—	1	8	5
Pannus	—	—	—	—	—	—	—	—	—	1
Staphyloma	1	—	1	—	—	—	—	—	1	—
Scleritis and episcleritis	—	—	—	—	—	—	—	—	—	—
Hyphaema	2	1	2	1	—	—	—	—	3	2
C.—DISEASES OF LACHRYMAL APPARATUS.										
Dacryocystitis	4	20	2	20	—	1	—	1	24	—
Stenosis of lacrimal duct	—	—	—	—	—	—	—	—	—	—
Lacrimal fistula	—	—	—	—	—	—	—	—	—	—
D.—DISEASES OF THE LENS.										
Cataract—										
Senile	33	32	13	35	15	—	—	2	65	7
Congenital	2	—	—	2	—	—	—	—	2	—
Traumatic	8	1	1	7	1	—	—	—	9	5
Secondary	1	—	—	1	—	—	—	—	1	3
Dislocation of lens	2	1	—	2	1	—	—	—	3	2
Aphakia	—	—	—	—	—	—	—	—	—	—
E.—DISEASES OF THE LIDS.										
Chalazion	1	—	—	1	—	—	—	—	1	1
Ectropion	4	5	2	4	2	1	—	—	9	2
Entropion	3	7	1	8	—	1	—	—	10	2

GROUP 2.—NERVOUS SYSTEM—*continued.*

DISEASES OF THE EYE.— <i>continued.</i>	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
F.—MUSCLES AND NERVES.										
Ophthalmoplegia.....	—	—	—	—	—	—	—	—	—	—
Strabismus	9	11	6	12	2	—	—	—	20	1
Nystagmus	—	—	—	—	—	—	—	—	—	1
Refractive errors	—	3	—	3	—	—	—	—	3	1
G.—OPTIC NERVE AND RETINA.										
Toxic amblyopia	—	—	—	—	—	—	—	—	—	—
Optic atrophy	2	—	—	—	2	—	—	—	2	2
Optic neuritis	—	—	—	—	—	—	—	—	—	4
Chronic retrobulbar neuritis	—	—	—	—	—	—	—	—	—	—
Detached retina.....	2	1	—	—	1	—	—	2	3	1
Retinal haemorrhage	1	—	—	—	1	—	—	—	1	—
Retinitis	—	—	—	—	—	—	—	—	—	5
H.—DISEASES OF THE UVEAL TRACT.										
Choroiditis	—	—	—	—	—	—	—	—	—	—
Iritis	25	11	2	32	1	—	—	1	36	20
Iridocyclitis	2	3	—	5	—	—	—	—	5	6
Sympathetic ophthalmia	1	—	—	1	—	—	—	—	1	—
Synechiae	—	1	—	1	—	—	—	—	1	4
I.—DISEASES OF VITREOUS.										
Vitreous haemorrhage	2	—	—	2	—	—	—	—	2	—
Vitreous opacities	—	1	—	1	—	—	—	—	1	2
J.—OTHER DISEASES OF THE EYE										
Glaucoma acute	11	13	2	15	4	—	—	3	24	5
Glaucoma chronic	3	7	—	8	2	—	—	—	10	—
Orbital cellulitis.....	—	—	—	—	—	—	—	—	—	—
Panophthalmitis	1	1	—	2	—	—	—	—	2	6
Foreign body in eye—	—	—	—	—	—	—	—	—	—	—
On conjunctiva	—	—	—	—	—	—	—	—	—	1
In cornea	4	—	—	4	—	—	—	—	4	—
Within globe	8	—	3	4	1	—	—	—	8	3
Innocent tumour of eye.....	1	1	—	2	—	—	—	—	2	—
Exophthalmos	—	1	—	—	1	—	—	—	1	—
Contraction of socket	1	—	—	—	1	—	—	—	1	—
DISEASES OF THE EAR.										
A.—DISEASES OF THE EXTERNAL EAR.										
Haematoma auris	—	—	—	—	—	—	—	—	—	—
Impacted cerumen	—	—	—	—	—	—	—	—	—	—
Foreign body in ear	—	—	—	—	—	—	—	—	—	—
Otitis externa diffusa	5	9	3	11	—	—	—	—	14	2
Benign tumours.....	2	1	—	2	1	—	—	—	3	1
B.—DISEASES OF MEMBRANA, MIDDLE EAR, AND MASTOID.										
Perforation of membrana tympani	—	—	—	—	—	—	—	—	—	—
Polypi of middle and external ear	1	3	—	4	—	—	—	—	4	1
Otitis media, acute	25	30	12	41	2	—	—	—	55	17
Otitis media, chronic	6	9	1	13	1	—	—	—	15	6
Mastoiditis, acute	11	9	1	13	—	2	—	4	20	12
Mastoiditis, chronic	8	8	—	10	5	—	1	—	16	3
Sinus of mastoid	1	—	—	1	—	—	—	—	1	—
Otosclerosis	—	—	—	—	—	—	—	—	—	—
Eustachian tube affections	—	—	—	—	—	—	—	—	—	1
C.—DISEASES OF INNER EAR AND AUDITORY NERVE.										
Meniere's disease	—	—	—	—	—	—	—	—	—	—
Disorders of hearing	—	—	—	—	—	—	—	—	—	—
Otitis interna	1	—	—	—	1	—	—	—	1	—
Total.....	496	451	68	605	174	15	37	48	947	398

GROUP 3.—DISEASES OF THE CIRCULATORY SYSTEM.
(Excluding rheumatoid affections except old organic lesions.)

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
A.—DISEASES OF PERICARDIUM.										
Pericarditis.....	3	2	1	2	—	—	2	—	5	12
B.—DISEASES OF ENDOCARDIUM.										
Endocarditis—										
Subacute bacterial	1	—	—	1	—	—	—	—	1	1
Malignant	1	—	—	—	—	—	1	—	1	—
Endocarditis, simple	4	3	—	2	—	—	5	—	7	6
C.—DISEASES OF VALVES.										
Aortic lesions	18	4	—	9	5	—	5	3	22	18
Mitral lesions	11	19	—	24	2	—	3	1	30	18
Mitral and aortic lesions	—	—	—	—	—	—	—	—	—	—
Other valvular lesions	1	—	—	—	1	—	—	—	1	1
D.—DISEASES OF MYOCARDIUM										
Dilatation, hypertrophy of heart	1	—	—	—	1	—	—	—	1	1
Degeneration of heart	1	1	—	2	—	—	—	—	2	—
Myocarditis—										
Acute	4	1	—	4	—	1	—	—	5	2
Chronic	7	3	—	4	—	1	5	—	10	4
E.—FUNCTIONAL DISEASES.										
Heart failure	63	31	—	39	1	7	34	13	94	253
Angina pectoris	—	1	—	1	—	—	—	—	1	3
Auricular fibrillation.....	17	20	—	22	2	—	11	2	37	30
Bradycardia and tachycardia	1	3	—	4	—	—	—	—	4	2
Heart block	1	—	—	—	1	—	—	—	1	1
Syncope	5	3	1	5	2	—	—	—	8	—
D.A.H. effort syndrome	2	—	—	2	—	—	—	—	2	—
F.—DISEASES OF ARTERIES.										
Aortitis	1	—	—	1	—	—	—	—	1	2
Aneurysm of great vessels	5	2	1	1	2	—	2	1	7	6
Aneurysm of other vessels and varieties	—	—	—	—	—	—	—	—	—	—
Arteriosclerosis	20	6	—	8	5	—	13	—	26	3
Hyperpiesia	27	33	—	34	6	1	19	—	60	34
Obliteratus endarteritis	3	—	—	1	—	—	2	—	3	—
Others	2	2	—	1	—	—	3	—	4	—
G.—THROMBOSIS AND EMBOLISM (excluding cerebral, pulmonary, or puerperal thrombosis).										
Thrombosis	1	2	1	—	—	—	—	2	3	14
Embolism	1	—	—	1	—	—	—	—	1	1
H.—DISEASES OF VEINS.										
Varicose veins	8	5	2	10	—	1	—	—	13	5
Varicose ulcers.....	5	16	—	18	1	—	2	—	21	8
Varicocele	6	1	—	7	—	—	—	—	7	4
Haemorrhoids	36	15	5	44	2	—	—	—	51	12
Phlebitis	1	1	—	2	—	—	—	—	2	3
I.—DISEASES OF LYMPHATICS.										
Adenitis simple	5	5	—	10	—	—	—	—	10	14
Adenitis suppurative.....	2	3	—	5	—	—	—	—	5	2
Climatic bubo	—	—	—	—	—	—	—	—	—	—
Lymphangitis	1	—	—	1	—	—	—	—	1	10
J.—HAEMORRHAGES (excluding haemoptysis, haematemeses, cerebral, intestinal, uterine, traumatic haemorrhages, &c.).										
Epistaxis	13	6	—	19	—	—	—	—	19	7
Haemorrhage from gums	1	2	—	3	—	—	—	—	3	—
Other haemorrhages	3	4	1	6	—	—	—	—	7	21
Total.....	282	194	12	293	31	11	107	22	476	498

GROUP 4.—DISEASES OF RESPIRATORY SYSTEM.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
A.—DISEASES OF NOSE.										
Adenoid vegetations	2	1	1	2	—	—	—	—	3	6
Enlarged tonsils and adenoids	45	63	66	39	3	—	—	—	108	2
Coryza	3	4	4	3	—	—	—	—	7	1
Nasopharyngeal polypi	3	1	—	2	1	—	—	1	4	4
Rhinitis	—	—	—	—	—	—	—	—	—	1
Turbinal affections	1	2	1	1	—	1	—	—	3	3
Deflected septum	35	11	7	35	3	1	—	—	46	34
Perforated septum	—	—	—	—	—	—	—	—	—	1
Foreign body in nose	—	—	—	—	—	—	—	—	—	—
Septal Abscess	—	—	—	—	—	—	—	—	—	1
B.—DISEASES OF ACCESSORY SINUSES.										
Ethmoiditis	—	—	—	—	—	—	—	—	—	8
Frontal sinusitis	14	4	—	14	1	1	1	1	18	7
Maxillary sinusitis—										
Acute	17	19	—	30	1	2	—	3	36	12
Chronic	69	65	—	121	9	1	1	2	134	—
Suppurative	—	—	—	—	—	—	—	—	—	—
Multiple sinusitis	—	—	—	—	—	—	—	—	—	—
Sphenoid sinusitis	2	2	—	4	—	—	—	—	4	—
Pan sinusitis	4	2	—	4	—	1	1	—	6	—
C.—DISEASES OF LARYNX.										
Laryngitis	1	4	2	3	—	—	—	—	5	1
Paralysis of vocal cord	—	—	—	—	—	—	—	—	—	—
Polypus of larynx	—	—	—	—	—	—	—	—	—	—
Benign growth of larynx	—	—	—	—	—	—	—	—	—	—
Hysterical aphonia	—	—	—	—	—	—	—	—	—	—
Foreign Body in Larynx	1	—	—	1	—	—	—	—	1	—
D.—DISEASES OF BRONCHI AND TRACHEA.										
Bronchitis and tracheitis, acute	28	25	8	33	1	5	6	—	53	19
Bronchitis, chronic	38	16	1	44	—	—	9	—	54	47
Bronchiectasis	5	4	—	5	3	—	—	1	9	3
Foreign body in bronchus	—	—	—	—	—	—	—	—	—	—
Respiratory catarrh	67	55	42	74	1	2	—	3	122	4
Broncho Eoesophageal fistula	—	—	—	—	—	—	—	—	—	—
E.—DISEASES OF THE LUNGS.										
Broncho-pneumonia	60	38	11	52	1	1	18	15	98	77
Lobar pneumonia	74	29	36	32	—	5	28	2	103	14
Interstitial pneumonia	—	—	—	—	—	—	—	—	—	—
Hypostatic pneumonia	—	—	—	—	—	—	—	—	—	36
Pulmonary embolism and infarct	—	—	—	—	—	—	—	—	—	8
Septic pneumonia	—	—	—	—	—	—	—	—	—	—
Abscess of lung	7	2	1	4	—	—	3	1	9	1
Gangrene of lung	—	—	—	—	—	—	—	—	—	—
Collapse of lung	—	—	—	—	—	—	—	—	—	—
Emphysema	2	1	—	2	1	—	—	—	3	4
Asthma	26	18	—	35	3	—	4	2	44	19
Fibrosis of lung (pneumoconiosis and silicosis, &c.)	7	4	—	7	3	—	1	—	11	4
Haemoptysis (? cause)	3	2	—	1	1	—	—	3	5	38
Acute pulmonary oedema	—	1	—	—	—	—	1	—	1	10
F.—DISEASES OF PLEURA.										
Pleurisy, acute, with effusion	21	21	3	35	—	1	—	3	42	23
Pleurisy, acute, without effusion	29	12	6	24	2	5	2	2	41	28
Pleurisy, chronic	—	—	—	—	—	—	—	—	—	1
Empyema	9	7	—	7	—	5	2	2	16	9
Pneumothorax	4	3	—	4	2	1	—	—	7	4
Hydrothorax	—	—	—	—	—	—	—	—	—	6
Pyopneumothorax	—	—	—	—	—	—	—	—	—	2
Haemothorax	—	—	—	—	—	—	—	—	—	2
Total.....	577	416	189	618	36	32	77	41	993	440

GROUP 5.—DISEASES OF THE DIGESTIVE SYSTEM.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
A.—DISEASES OF THE MOUTH.										
Alveolar abscess	6	5	3	8	—	—	—	—	11	1
Epulis	—	2	—	2	—	—	—	—	2	—
Dentigerous cyst	1	—	—	1	—	—	—	—	1	—
Diseases of gums	1	—	—	1	—	—	—	—	1	6
Diseases of teeth	2	1	1	2	—	—	—	—	3	4
Stomatitis	1	1	—	2	—	—	—	—	2	—
Glossitis—										
Acute	—	—	—	—	—	—	—	—	—	1
Chronic	1	—	—	—	1	—	—	—	1	—
Other diseases of tongue	2	—	—	2	—	—	—	—	2	—
Ranula	2	—	—	1	1	—	—	—	2	—
Ulcer of cheek	—	—	—	—	—	—	—	—	—	—
B.—DISEASES OF SALIVARY GLANDS.										
Salivary calculi	6	1	—	5	2	—	—	—	7	—
Salivary fistula	—	—	—	—	—	—	—	—	—	—
Diseases of sub-maxillary	—	2	—	2	—	—	—	—	2	—
Diseases of parotid	—	—	—	—	—	—	—	—	—	3
C.—DISEASES OF PHARYNX.										
Retropharyngeal abscess	—	—	—	—	—	—	—	—	—	—
Ludwig's angina	1	—	—	1	—	—	—	—	1	—
Foreign body in pharynx	1	1	—	—	—	—	—	2	2	—
Tonsillitis	126	192	151	144	19	2	—	2	318	44
Enlarged tonsils	16	39	—	51	4	—	—	—	55	4
Peritonsillar abscess	11	8	5	14	—	—	—	—	19	5
Pharyngitis	—	7	3	3	—	—	—	1	7	2
D.—DISEASES OF OESOPHAGUS.										
Foreign body in oesophagus	5	4	—	8	—	—	1	—	9	—
Stenosis and spasm of oesophagus	—	5	—	4	1	—	—	—	5	—
E.—DISEASES OF STOMACH.										
Gastric ulcer—										
Treated medically	69	10	—	56	7	4	5	7	79	4
Treated surgically										
Dilatation of stomach	—	—	—	—	—	—	—	—	—	—
Foreign body in stomach	1	—	—	1	—	—	—	—	1	—
Gastritis—										
Acute	8	5	—	12	—	1	—	—	13	1
Chronic	9	4	—	11	2	—	—	—	13	3
Abnormalities of shape and position of stomach	—	—	—	—	—	—	—	—	—	—
Neurosis of stomach	4	10	—	9	3	—	—	2	14	—
Pyloric stenosis	1	1	—	1	1	—	—	—	2	4
Haematemesis, gastrotaxis	5	—	—	2	—	3	—	—	5	34
Hyperchlorhydrin, hypochlorhydrate	—	7	—	7	—	—	—	—	7	8
F.—DISEASES OF THE INTESTINES.										
Duodenal ulcer—										
Treated medically	89	17	3	86	7	1	4	5	106	3
Treated surgically										
Diarrhoea and enteritis (over two years)	19	14	11	19	1	—	1	1	33	7
Intestinal colic	3	4	—	7	—	—	—	—	7	—
Colitis	15	10	6	16	—	1	1	1	25	2
Intestinal parasites	1	—	—	1	—	—	—	—	1	4
Appendicitis, acute	128	105	88	129	—	5	4	7	233	5
Appendicitis, chronic	77	119	59	131	6	—	—	—	196	20
Appendicitis, with abscess	20	14	8	21	—	1	4	—	34	—
Appendicitis, ruptured with G.P.	3	1	1	3	—	—	—	—	4	—

GROUP 5.—DISEASES OF THE DIGESTIVE SYSTEM—continued.

	Male	Female.	Cured.	Relieved	Unrelieved.	Other Causes.	Died	Remaining Dec. 31st.	Total.	Concurrent Disease.
DISEASES OF THE INTESTINES—continued.										
Hernia—										
Inguinal	153	13	42	113	6	—	—	5	166	12
Inguinal, strangulated	7	—	2	2	—	1	1	1	7	—
Femoral	3	4	2	5	—	—	—	—	7	—
Femoral, strangulated	3	7	3	3	—	—	4	—	10	—
Umbilical	1	5	1	5	—	—	—	—	6	4
Umbilical, strangulated	1	2	1	1	—	—	1	—	3	—
Ventral	3	19	1	19	2	—	—	—	22	5
Ventral, strangulated	—	4	1	3	—	—	—	—	4	—
Other herniae	2	2	1	1	1	—	—	1	4	1
Intestinal obstruction—										
Intussusception	2	—	—	1	—	—	1	—	2	—
Volvulus	4	—	1	2	—	—	1	—	4	3
Other forms of obstruction	9	11	2	9	—	3	6	—	20	17
Foreign body in intestine	1	—	1	—	—	—	—	—	1	—
Intestinal perforation	—	—	—	—	—	—	—	—	—	3
Faecal impaction, constipation	20	14	1	30	2	—	—	1	34	11
Visceroptosis	—	5	—	3	2	—	—	—	5	2
Malaena	1	1	—	1	—	1	—	—	2	9
Other diseases of the intestines	3	2	1	3	—	—	1	—	5	—
G.—DISEASES OF RECTUM AND ANUS.										
Abscess, ischio-rectal and perirectal	21	7	2	21	—	4	—	1	28	4
Fissure in ano	3	2	1	4	—	—	—	—	5	1
Fistula in ano	9	8	1	16	—	—	—	—	17	1
Fistula, recto-vaginal	—	1	—	1	—	—	—	—	1	—
Other faecal fistulae	2	1	1	2	—	—	—	—	3	4
Foreign body in rectum	—	—	—	—	—	—	—	—	—	—
Proctitis	—	—	—	—	—	—	—	—	—	—
Papilloma of rectum	2	1	1	2	—	—	—	—	3	2
Prolapse of rectum and anus	—	1	—	1	—	—	—	—	1	—
Stricture of rectum	2	—	—	2	—	—	—	—	2	—
Diverticulitis	6	4	—	5	2	1	1	1	10	3
Other diseases of rectum and anus	—	—	—	—	—	—	—	—	—	—
Pruritis ani	—	1	—	1	—	—	—	—	1	—
H.—DISEASES OF LIVER AND GALL BLADDER.										
Acute yellow atrophy	2	1	—	—	—	—	3	—	3	—
Cirrhosis of liver	14	5	—	10	—	—	8	1	19	7
Degenerations of liver	—	—	—	—	—	—	—	—	—	—
Cholelethiasis	31	81	34	59	10	1	6	2	112	16
Biliary colic	—	1	—	1	—	—	—	—	1	—
Cholecystitis	14	40	5	36	4	—	4	5	54	14
Cholangitis	—	—	—	—	—	—	—	—	—	1
Abscess of liver	3	—	—	1	—	—	2	—	3	2
Pylephlebitis	—	—	—	—	—	—	—	—	—	—
Jaundice, acute catarrhal	10	8	2	13	1	1	1	—	18	1
Perihepatitis	—	—	—	—	—	—	—	—	—	—
Biliary fistulae	—	—	—	—	—	—	—	—	—	—
Benign tumours	—	—	—	—	—	—	—	—	—	—
Other diseases of liver and gall bladder ..	2	1	—	2	—	—	—	1	3	3
I.—DISEASES OF PERITONEUM.										
(Except gynaecological.)										
Peritonitis, general	1	1	—	—	—	—	2	—	2	19
Peritonitis, localised	1	1	—	2	—	—	—	—	2	13
Peritoneal adhesions	5	26	—	22	6	—	1	2	31	13
Abscess of abdomen (subphrenic)	4	1	—	2	—	—	3	—	5	3
Ascites	—	—	—	—	—	—	—	—	—	7
J.—DISEASES OF PANCREAS.										
Acute pancreatitis	1	3	—	2	—	—	2	—	4	2
Total	980	873	446	1,169	91	30	68	49	1,853	351

**GROUP 6.—NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM
AND ADHEXA.** (Excluding tuberculosis, cancer, congenital mal-
formations, venereal and puerperal diseases and recent traumatism).

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total	Concurrent Disease.
A.—DISEASES OF KIDNEYS AND URETERS.										
Nephritis, acute and subacute	7	5	2	5	—	1	3	1	12	1
Chronic nephritis	54	32	—	23	15	—	40	8	86	19
Uraemia	—	1	—	1	—	—	—	—	1	30
Albuminuria	1	2	—	3	—	—	—	—	3	2
Perinephritic abscess and adhesions	5	3	2	6	—	—	—	—	8	—
Nephroptosis	—	3	—	2	1	—	—	—	3	2
Hydro- and pyo-nephrosis	3	8	1	4	3	—	2	1	11	9
Pyelitis and Pyelonephritis	20	59	5	66	4	1	—	3	79	33
Abnormalities of urine—										
Haematuria	12	5	—	14	2	1	—	—	17	1
Oxaluria	—	—	—	—	—	—	—	—	—	—
Bacilluria	1	2	—	1	2	—	—	—	3	3
Renal glycosuria	—	—	—	—	—	—	—	—	—	—
Calculi of urinary passages—										
Renal calculus	20	11	1	23	6	—	—	1	31	4
Ureteral calculus	11	4	3	11	1	—	—	—	15	1
Vesical calculus	8	1	1	6	1	—	1	—	9	1
Urethral calculus	—	—	—	—	—	—	—	—	—	—
Prostatic calculus	1	—	1	—	—	—	—	—	1	—
Renal colic	8	2	—	7	1	—	—	2	10	—
Stricture of ureter	—	—	—	—	—	—	—	—	—	—
B.—DISEASES OF THE BLADDER.										
Cystitis—										
Acute	11	11	16	—	—	—	3	3	22	37
Chronic	4	3	—	4	—	—	—	3	7	18
Foreign body in bladder	—	—	—	—	—	—	—	—	—	—
Ulcer of bladder, simple	—	—	—	—	—	—	—	—	—	—
Neurosis of bladder (dysuria, incontinence, spasm)	3	3	—	2	4	—	—	—	6	9
Retention of urine	5	1	—	2	—	2	—	2	6	49
Rupture of bladder (non-traumatic)	—	—	—	—	—	—	—	—	—	—
Innocent tumour of bladder	4	5	—	5	4	—	—	—	9	—
Diverticulum of bladder	—	—	—	—	—	—	—	—	—	1
C.—DISEASES OF THE URETHRA.										
Urethritis (non-gonorrhoeal)	1	—	—	1	—	—	—	—	1	2
Periurethral abscess	6	—	1	3	—	—	1	1	6	6
Abscess of Cowper's gland	—	—	—	—	—	—	—	—	—	—
Urethral caruncle	—	8	—	8	—	—	—	—	8	7
Foreign body in urethra	1	—	—	—	—	1	—	—	1	—
Urethral stricture	31	—	1	27	1	—	1	1	31	8
Rupture of urethra, extravasation of urine (non-traumatic)	—	—	—	—	—	—	—	—	—	—
D.—URINARY FISTULAE.										
Rectovesical	—	—	—	—	—	—	—	—	—	—
Vesicovaginal	3	7	1	5	3	—	1	—	10	2
Urethral	—	—	—	—	—	—	—	—	—	—
Other urinary fistulae	4	—	—	4	—	—	—	—	4	3
E.—DISEASES OF THE PROSTATE (NON-VENEREAL).										
Prostatic abscess	1	—	—	—	—	—	—	1	1	2
Prostatic hypertrophy	58	—	2	31	7	—	14	4	58	5
Prostatitis, acute and chronic	2	—	1	1	—	—	—	—	2	—

**GROUP 6—NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM
AND ADHESA—continued.**

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
F.—DISEASES OF THE MALE GENITAL ORGANS (NON-VENEREAL).										
Hydrocele	12	—	1	9	2	—	—	—	12	6
Haematocele	2	—	—	2	—	—	—	—	2	—
Orchitis and epididymitis	10	—	—	9	—	1	—	—	10	4
Paraphimosis	4	—	—	4	—	—	—	—	4	1
Innocent tumours of testicle	1	—	1	—	—	—	—	—	1	1
Testicular Neuralgia	—	—	—	—	—	—	—	—	—	—
Others	2	—	1	1	—	—	—	—	2	3
G.—GYNAECOLOGICAL.										
<i>Uterus—</i>										
Metrorrhagia, Menorrhagia	—	29	—	18	2	3	1	5	29	8
Benign tumours of uterus (fibroids)..	—	47	14	20	10	2	1	—	47	18
Polypus	—	20	10	10	—	—	—	—	20	4
Displacements of uterus—										
Prolapsus uteri	—	22	4	12	1	2	—	3	22	11
Retrodisplacements	—	127	24	90	11	—	—	2	127	58
Other displacements	—	2	—	2	—	—	—	—	2	2
Fibrosis uteri	—	28	4	19	5	—	—	—	28	5
Endocervicitis	—	32	2	28	—	—	—	2	32	37
Endometritis (non-puerperal)	—	46	2	43	—	—	—	1	46	21
Menstrual disorders (dysmenorrhoea, menopause)	—	7	—	5	2	—	—	—	7	2
Metritis (subinvolution)	—	13	2	10	1	—	—	—	13	7
<i>Tubes, Ovaries, and Ligaments—</i>										
Displacement of ovary	—	4	—	2	2	—	—	—	4	—
Tumours and cysts, benign	—	43	8	30	3	—	—	2	43	46
Tubo-ovarian abscess	—	4	—	3	—	1	—	—	4	1
Oophoritis	—	33	—	30	1	1	—	1	33	9
Sclerosis of ovary (fibrosis)	—	—	—	—	—	—	—	—	—	1
Salpingitis (non-gonorrhoeal)—										
Acute	—	79	1	64	2	4	—	8	79	21
Chronic	—	38	1	25	11	—	—	1	38	17
Purulent (pyosalpinx)	—	11	—	11	—	—	—	—	11	—
Hydrosalpinx and haematosalpinx ...	—	4	1	2	1	—	—	—	4	6
<i>Pelvic Peritoneum and Fascia—</i>										
Pelvic adhesions	—	10	3	7	—	—	—	—	10	19
Perimetritis (pelvic peritonitis)	—	11	1	9	—	—	—	1	11	8
Parametritis (pelvic cellulitis and abscess)	—	13	—	12	—	—	—	1	13	12
<i>Vagina and Vulva—</i>										
Abscess of vulva (Bartholin's)	—	11	2	9	—	—	—	—	11	7
Pruritus vulvae	—	2	—	2	—	—	—	—	2	4
Vaginismus	—	—	—	—	—	—	—	—	—	—
Benign tumours and cysts	—	3	—	3	—	—	—	—	3	3
Cystocele, rectocele	—	43	5	33	5	—	—	—	43	20
Foreign bodies in vagina	—	3	—	3	—	—	—	—	3	3
Vaginitis	—	—	—	—	—	—	—	—	—	1
Vulvovaginitis	—	—	—	—	—	—	—	—	—	—
Vulvitis	—	—	—	—	—	—	—	—	—	2
H.—DISEASES OF THE BREAST (NON-PUERPERAL).										
<i>Mastitis—</i>										
Acute	—	5	—	5	—	—	—	—	5	—
Chronic	1	6	1	6	—	—	—	—	7	2
Suppurative abscess (non-puerperal) ..	—	1	—	1	—	—	—	—	1	—
Tumours and cysts, benign	—	8	3	5	—	—	—	—	8	—
Total	317	881	129	809	114	20	68	58	1,198	625

GROUP 7.—PUERPERAL CONDITIONS.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
Normal pregnancy	—	26	—	10	16	—	—	—	26	55
Normal labor	—	—	—	—	—	—	—	—	—	—
Abnormal labor—										
Premature	—	2	—	2	—	—	—	—	2	—
Child in abnormal position	—	—	—	—	—	—	—	—	—	—
Abortion—										
Threatened	—	26	3	22	1	—	—	—	26	1
Inevitable	—	12	6	6	—	—	—	—	12	—
Incomplete	—	335	99	233	1	—	—	2	335	18
Septic	—	39	10	23	—	—	5	1	39	—
Extra-uterine gestation—										
Tubal abortion	—	5	—	4	—	—	—	1	5	—
Ruptured	—	33	12	18	—	—	3	—	33	1
Unruptured	—	11	1	6	2	—	1	1	11	3
Eclampsia—										
Ante-partum	—	1	—	1	—	—	—	—	1	—
Post-partum	—	—	—	—	—	—	—	—	—	—
Hyperemesis gravidarum	—	3	—	3	—	—	—	—	3	—
Hydatidiform mole	—	1	1	—	—	—	—	—	1	—
Albuminuria of pregnancy	—	3	—	2	—	—	1	—	3	1
Pyelitis with pregnancy	—	9	—	8	1	—	—	—	9	—
Ante-partum haemorrhage	—	—	—	—	—	—	—	—	—	—
Placenta praevia	—	—	—	—	—	—	—	—	—	—
Post-partum haemorrhage	—	—	—	—	—	—	—	—	—	—
Subinvolution of uterus	—	1	—	1	—	—	—	—	1	—
Laceration of cervix—										
Recent	—	—	—	—	—	—	—	—	—	—
Old	—	26	4	18	2	2	—	—	26	15
Laceration of perineum and vagina—										
Recent	—	1	—	—	1	—	—	—	1	—
Old	—	4	2	1	1	—	—	—	4	4
Puerperal sapraemia	—	1	—	1	—	—	—	—	1	3
Puerperal septicaemia	—	11	2	4	—	2	2	1	11	4
Puerperal diseases of breast (abscess) ...	—	12	1	11	—	—	—	—	12	—
Puerperal thrombosis	—	—	—	—	—	—	—	—	—	2
Other puerperal conditions	—	1	—	1	—	—	—	—	1	—
Total	—	563	141	375	25	4	12	6	563	107

GROUP 8.—DISEASES OF THE SKIN AND CELLULAR TISSUES

Gangrene	6	1	—	2	—	—	1	4	7	12
Furuncle	10	16	5	18	3	—	—	—	26	7
Carbuncle	23	10	2	29	1	—	1	—	33	5
Abscesses	19	11	1	25	—	—	2	2	30	12
Cellulitis	86	36	13	102	—	—	5	2	122	27
Dermatitis	9	6	—	10	3	1	—	1	15	7
Eczema	9	8	—	11	1	1	3	1	17	4
Cheirpompholyx	—	—	—	—	—	—	—	—	—	—
Erythema	2	9	2	8	—	—	—	1	11	1
Keloid	1	—	—	1	—	—	—	—	1	—
Nail affections—Ingrowing nail	3	1	—	4	—	—	—	—	4	—
Whitlow	—	1	—	1	—	—	—	—	1	—
Others	4	2	—	6	—	—	—	—	6	1
Panniculitis	—	1	—	1	—	—	—	—	1	—
Psoriasis	9	5	—	10	1	1	—	2	14	4
Sinuses	6	3	—	6	1	—	—	2	9	7
Drug Rash	1	—	—	—	—	1	—	—	1	—
Seborrhoea	2	4	1	5	—	—	—	—	6	1
Ulcers (non-varicose)	14	9	1	18	—	2	1	1	23	3
Impetigo	6	6	2	7	—	—	—	3	12	6
Pemphigus	—	—	—	—	—	—	—	—	—	—
Pediculosis	1	1	—	2	—	—	—	—	2	—
Hyperkeratosis	1	—	—	—	1	—	—	—	1	—
Sycosis barbae	—	—	—	—	—	—	—	—	—	—
Scabies	1	—	—	1	—	—	—	—	1	1
Urticaria	1	—	1	—	—	—	—	—	1	4
Pustular dermatitis	—	—	—	—	—	—	—	—	—	—
Lichen planus	—	—	—	—	—	—	—	—	—	—
Leucoderma	—	—	—	—	—	—	—	—	—	—
Bed Sores	—	—	—	—	—	—	—	—	—	7
Pityriasis rosea	—	—	—	—	—	—	—	—	—	—
Other skin diseases	—	2	—	1	1	—	—	—	2	1
Total	214	132	28	268	12	6	13	19	346	110

GROUP 9.—DISEASES OF ORGANS OF LOCOMOTION.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
A.—DISEASES OF BONE.										
Benign tumours of bone	—	—	—	—	—	—	—	—	—	—
Epiphysitis	—	—	—	—	—	—	—	—	—	—
Osteomyelitis	27	1	—	23	—	1	2	2	28	5
Caries and necrosis of bone	9	2	—	10	—	—	—	1	11	7
Periostitis	2	5	—	7	—	—	—	—	7	12
Exostosis	3	1	2	2	—	—	—	—	4	—
Osteitis deformans	2	2	—	4	—	—	—	—	4	1
Metatarsalgia	—	—	—	—	—	—	—	—	—	1
Osteochondritis-Juvenalis (Perthe's Disease)	—	—	—	—	—	—	—	—	—	—
B.—DISEASES OF JOINTS.										
Baker's Cyst	1	—	—	1	—	—	—	—	1	—
Instability of joint	—	—	—	—	—	—	—	—	—	—
Ankylosis	1	1	—	1	1	—	—	—	2	2
Arthralgia and coccygodynia	1	—	—	1	—	—	—	—	1	1
Arthritis	6	9	—	9	3	3	—	—	15	6
Synovitis	6	4	—	10	—	—	—	—	10	6
Loose bodies in joint	3	1	1	2	1	—	—	—	4	—
Pyarthrosis	1	—	—	1	—	—	—	—	1	—
Charcot's disease	—	—	—	—	—	—	—	—	—	—
Dislocated semilunar cartilage	10	—	1	8	1	—	—	—	10	—
Perichondritis	—	—	—	—	—	—	—	—	—	—
Hypertrophic pulmonary arthropathy ..	—	—	—	—	—	—	—	—	—	—
C.—DISEASES OF MUSCLES.										
Myasthenia gravis	—	—	—	—	—	—	—	—	—	—
Myalgia (lumbago)	5	2	2	4	1	—	—	—	7	2
Myositis, fibrositis	21	8	1	23	4	—	—	1	29	11
D.—DISEASES OF THE TENDONS, &c.										
Bursitis	6	3	—	9	—	—	—	—	9	—
Ganglion	3	3	2	4	—	—	—	—	6	—
Teno-synovitis	1	—	—	1	—	—	—	—	1	1
Bunion	—	—	—	—	—	—	—	—	—	2
Perichondritis	—	—	—	—	—	—	—	—	—	—
E.—DEFORMITIES.										
Torticollis	—	1	1	—	—	—	—	—	1	—
Scoliosis	—	—	—	—	—	—	—	—	—	—
Kyphosis	—	1	—	—	1	—	—	—	1	—
Lordosis	—	—	—	—	—	—	—	—	—	—
Dupuytren's contracture	1	—	—	—	1	—	—	—	1	—
Contraction after burns, &c.	—	1	—	1	—	—	—	—	1	—
Contracted pelvis	—	1	—	1	—	—	—	—	1	2
Coxa vara	—	—	—	—	—	—	—	—	—	—
Genu valgum	—	—	—	—	—	—	—	—	—	—
Genu varum	—	—	—	—	—	—	—	—	—	—
Hallux valgus	3	4	—	4	—	1	—	2	7	—
Hammer toe	6	3	—	7	2	—	—	—	9	1
Flat foot	1	1	—	1	1	—	—	—	2	—
Claw foot	—	—	—	—	—	—	—	—	—	—
Contracted tendon	—	1	—	1	—	—	—	—	1	—
Post operative deformities	—	1	—	1	—	—	—	—	1	—
Facial deformity (from injuries, &c.) ...	8	4	—	8	2	—	—	2	12	—
Total.....	127	60	10	144	18	5	2	8	187	45

GROUP 10.—CONGENITAL MALFORMATIONS.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died	Remaining Dec. 31st.	Total.	Concurrent Disease.
Hydrocephalus	—	1	—	—	1	—	—	—	1	—
Meningocele	—	—	—	—	—	—	—	—	—	—
Spina bifida	—	—	—	—	—	—	—	—	—	—
Congenital fistulae and cysts	5	2	1	4	2	—	—	—	7	—
Naevus	—	—	—	—	—	—	—	—	—	1
Oesophageal diverticulum	—	—	—	—	—	—	—	—	—	—
Meckel's diverticulum	—	—	—	—	—	—	—	—	—	1
Vaginal malformation	—	1	—	1	—	—	—	—	1	—
Achondroplasia	—	—	—	—	—	—	—	—	—	—
Osteomalacia	—	—	—	—	—	—	—	—	—	—
Hypospadias	1	—	—	—	—	1	—	—	1	—
Epispadias	—	—	—	—	—	—	—	—	—	—
Phimosis	12	1	4	9	—	—	—	—	13	3
Undescended testicle	8	—	4	3	1	—	—	—	8	4
Horseshoe kidney	—	—	—	—	—	—	—	—	—	—
Ectopia vesicae	—	—	—	—	—	—	—	—	—	—
Polycystic kidney	—	—	—	—	—	—	—	—	—	—
Renal dwarfism	—	—	—	—	—	—	—	—	—	—
Infantile uterus	—	4	—	2	2	—	—	—	4	3
Uterus pubescens	—	—	—	—	—	—	—	—	—	—
Double cervix	—	—	—	—	—	—	—	—	—	—
Uterus didelphys	—	1	—	1	—	—	—	—	1	1
Stenosis and hypertrophy of cervix	—	4	1	3	—	—	—	—	4	—
Cardiac congenital anomalies	—	—	—	—	—	—	—	—	—	—
Cervical rib	—	—	—	—	—	—	—	—	—	—
Harelip	3	—	—	3	—	—	—	—	3	—
Cleft palate	1	—	1	—	—	—	—	—	1	—
Harelip and cleft palate	1	1	—	1	1	—	—	—	2	—
Congenital dislocations	—	—	—	—	—	—	—	—	—	—
Talipes equinus	—	—	—	—	—	—	—	—	—	1
Talipes equinovarus	3	—	—	3	—	—	—	—	3	—
Congenital Diverticulum	—	—	—	—	—	—	—	—	—	1
Syndactylism, polydactylism	—	—	—	—	—	—	—	—	—	—
Facial deformities	—	—	—	—	—	—	—	—	—	—
Total	34	15	11	30	7	1	—	—	49	15

GROUP 11.—DISEASES OF EARLY INFANCY AND OLD AGE.

Children born in hospital, not ill	3	1	—	1	1	2	—	—	4	—
Prematurity	2	—	—	—	—	—	2	—	2	—
Other diseases of infancy	—	—	—	—	—	—	—	—	—	—
Senility	18	4	—	4	10	—	7	1	22	1
Malnutrition and neglect	1	—	—	1	—	—	—	—	1	—
Total	24	5	—	6	11	2	9	1	29	1

GROUP 12.—ILL-DEFINED DISEASES.

Malingering	—	1	—	1	—	—	—	—	1	3
Admitted for X-ray examination	70	65	—	7	127	1	—	—	135	7
No disease	10	6	—	7	8	1	—	—	16	—
Admitted for observation	3	3	—	—	3	3	—	—	6	—
Shock, collapse	6	1	—	5	—	—	1	1	7	32
Asthenia	2	7	2	6	—	—	—	1	9	7
Anaphylaxis	—	—	—	—	—	—	—	—	—	—
Shock, post-operative	—	—	—	—	—	—	—	—	—	1
Pyrexia of uncertain origin	1	3	2	2	—	—	—	—	4	1
Pain (? cause)	—	9	—	5	4	—	—	—	9	2
Others	4	3	—	3	4	—	—	—	7	2
For insertion of radium	47	15	—	12	50	—	—	—	62	—
Application of plaster	—	1	—	—	1	—	—	—	1	—
Obesity	—	—	—	—	—	—	—	—	—	—
Acidosis	—	—	—	—	—	—	—	—	—	2
For B.C.C. injection	—	1	—	—	1	—	—	—	1	9
Total	143	115	4	48	198	5	1	2	258	66

GROUP 13 - AFFECTIONS DUE TO EXTERNAL CAUSES.

	Male.	Female.	Cured.	Relieved	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
A.—SUICIDE AND ATTEMPTED SUICIDE.										
Cut throat	6	—	—	4	—	—	2	—	6	—
Firearms	6	—	1	3	—	—	2	—	6	—
Drowning	—	—	—	—	—	—	—	—	—	1
Poisons—Lysol, Phenol	8	6	3	8	—	—	3	—	14	—
Others	4	3	3	2	—	—	2	—	7	—
Poisonous Gases	—	1	—	1	—	—	—	—	1	—
Suicide by Solid and Liquid Poisons (Non-corrosive)	—	—	—	—	—	—	—	—	—	—
Other suicides	—	—	—	—	—	—	—	—	—	—
B.—POISONINGS.										
By food	1	1	—	2	—	—	—	—	2	—
Venomous bites and stings	2	—	—	2	—	—	—	—	2	—
Acute poisoning, non-suicidal (specify drug)	2	3	2	3	—	—	—	—	5	—
C.—BURNS.										
Conflagration (fire, kerosene, &c.)	6	5	2	6	—	—	3	—	11	—
Other burns	22	9	1	24	—	2	2	2	31	6
D—ABSORPTION OF DELETERIOUS GASES.										
Coal gas	1	1	—	2	—	—	—	—	2	—
Others	—	—	—	—	—	—	—	—	—	—
E.—TRAUMATISM BY FIREARMS (Accidental)										
	19	6	3	19	1	—	1	1	25	1
F.—EFFECTS OF HEAT, LIGHTNING, ELECTRICITY.										
	—	—	—	—	—	—	—	—	—	—
G.—HOMICIDE AND ATTEMPTED HOMICIDE.										
By firearms	1	—	—	—	—	—	1	—	1	—
H.—INJURIES TO REGIONS AND SPECIAL TISSUES (accidental), excluding bones and joints.										
<i>Injuries to Abdomen—</i>										
Contusion and crush	3	—	1	2	—	—	—	—	3	—
Rupture of viscera	—	—	—	—	—	—	—	—	—	—
Other wounds	1	1	—	1	—	—	—	1	2	—
<i>Injuries to Chest—</i>										
Contusion and crush	6	2	—	8	—	—	—	—	8	5
Rupture of viscera and surgical emphysema	—	—	—	—	—	—	—	—	—	—
Other wounds	2	—	—	2	—	—	—	—	2	—
<i>Injuries to Extremities—</i>										
Contusion and crush	34	9	1	37	—	—	3	2	43	22
Traumatic amputations and avulsions. Wounds, incised and lacerated (fingers, etc.)	54	4	3	50	—	—	3	2	58	25
<i>Injuries to Head and Neck—</i>										
Scalp contusions and wounds	35	12	2	37	—	1	6	1	47	59
Cerebral concussion	140	27	7	157	—	—	2	1	167	56
Cerebral haemorrhage (traumatic)	4	—	—	2	—	—	2	—	4	10
Injuries to ear	1	—	1	—	—	—	—	—	1	3
“ eye	43	4	3	37	2	—	—	5	47	8
“ face and nose	26	7	1	29	—	1	1	1	33	44
“ neck	2	1	—	3	—	—	—	—	3	—
“ mouth and oesophagus	1	2	1	2	—	—	—	—	3	3
<i>Accidental Injuries to Pelvis and Pelvic viscera—</i>										
Contusion and crush	—	—	—	—	—	—	—	—	—	—
Rupture of pelvic viscera—										
Urethra	1	—	—	1	—	—	—	—	1	—
Uterus	—	—	—	—	—	—	—	—	—	—
Bladder	—	—	—	—	—	—	—	—	—	—
Injuries to external genitalia	2	—	1	1	—	—	—	—	2	—
Other wounds	10	2	—	10	—	—	2	—	12	6

GROUP 13.—AFFECTIONS DUE TO EXTERNAL CAUSES—*continued.*

	Male.	Female	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease
<i>Injuries to spine and back</i>	8	1	—	7	—	1	—	1	9	3
<i>Injuries to tendons, muscles, and bursae</i> ..	37	6	—	40	2	—	—	1	43	—
<i>Injuries to vessels and nerves</i>	1	—	—	—	—	1	—	—	1	3
I.—INJURIES TO JOINTS.										
Dislocations—										
Shoulder	3	2	1	3	—	—	—	1	5	2
Metatarsal	—	—	—	—	—	—	—	—	—	—
Elbow	3	—	—	3	—	—	—	—	3	—
Clavicle	5	—	—	5	—	—	—	—	5	1
Metacarpal	—	—	—	—	—	—	—	—	—	2
Hip	—	—	—	—	—	—	—	—	—	—
Knee	—	—	—	—	—	—	—	—	—	1
Ankle	—	—	—	—	—	—	—	—	—	—
Spine	2	1	—	3	—	—	—	—	3	1
Jaw	—	—	—	—	—	—	—	—	—	1
Finger	—	—	—	—	—	—	—	—	—	—
Sprains and contusions of joints	—	2	—	2	—	—	—	—	2	—
Fracture-dislocations	5	—	—	4	—	—	1	—	5	1
J.—INJURIES TO BONES.										
Fracture, Simple—										
Metacarpal, carpal, or phalanges of hand	1	—	—	1	—	—	—	—	1	6
Clavicle	6	4	—	10	—	—	—	—	10	9
Facial bones and jaw	16	2	2	11	1	2	2	—	18	—
Femur	48	28	4	47	2	—	7	16	76	6
Humerus	16	9	—	21	1	1	—	2	25	2
Patella	5	—	—	3	1	1	—	—	5	3
Fibula	25	7	—	27	—	—	1	4	32	—
Pelvis	6	2	—	5	—	—	2	1	8	2
Radius	8	1	1	8	—	—	—	—	9	11
Ribs and costal cartilages	21	1	—	19	—	—	3	—	22	10
Scapula	2	1	—	3	—	—	—	—	3	—
Skull	74	12	4	50	1	—	27	4	86	17
Radius and ulna	8	3	—	11	—	—	—	—	11	3
Sternum	—	—	—	—	—	—	—	—	—	—
Tarsal, metatarsal, or phalanges of foot	5	—	—	5	—	—	—	—	5	4
Tibia and fibula	60	14	1	68	—	—	1	4	74	4
Tibia	25	5	—	25	—	1	—	4	30	6
Ulna	2	1	—	3	—	—	—	—	3	6
Vertebrae	11	1	—	8	—	1	3	—	12	2
Fracture, Compound—										
Phalanx	3	—	—	3	—	—	—	—	3	—
Tibia	2	—	—	2	—	—	—	—	2	—
Skull	1	—	—	1	—	—	—	—	1	1
Tibia and fibula	32	1	1	19	—	2	3	8	33	—
Humerus	2	—	—	2	—	—	—	—	2	—
Os calcis	—	—	—	—	—	—	—	—	—	—
Femur	3	—	1	1	—	—	—	1	3	2
Fibula	1	1	—	1	—	—	1	—	2	—
Radius	1	—	—	1	—	—	—	—	1	—
Facial bones and jaw	1	—	—	1	—	—	—	—	1	—
Phalanges	1	—	—	1	—	—	—	—	1	1
Ulna	2	—	—	2	—	—	—	—	2	—
Vicious malunion	7	3	—	8	1	—	—	1	10	—
Ununited fractures	9	1	1	7	2	—	—	—	10	—
Separation of epiphysis	2	1	1	2	—	—	—	—	3	3
Radius and Ulna	5	—	—	4	1	—	—	—	5	1
K.—OTHER EXTERNAL VIOLENCE.										
Foreign body in soft parts (state locality)	6	8	2	9	1	1	—	1	14	—
Infected wounds—										
Hands	—	—	—	—	—	—	—	—	—	—
Arm	—	—	—	—	—	—	—	—	—	—
Thigh	—	—	—	—	—	—	—	—	—	—
Drowning (accidental)	—	—	—	—	—	—	—	—	—	—
Total	924	224	55	911	16	15	86	65	1,148	363
Grand Total	4,960	4,656	1,146	6,155	1093	180	642	400	9,616	3348

APPENDIX No. 4.

OPERATIONS FOR 1929.

OPERATIONS ON BLOOD VESSELS.

Ligatures of arteries	2
Excision of varicose veins	3
Excision of varicocele	5
Blood transfusion	19
Aneurysm	2

OPERATIONS ON MUSCLES, BURSÆ, TENDONS, AND NERVES.

Tenotomy	4
Suturing tendons	30
Excision of bursa	6
Excision of ganglion	9
Excision of gasserian ganglion	2
Tendon transplantation	—
Nerve anastomosis	1
Suturing tendons	—
Resection of nerve	6
Stretching of nerve	1
Opening of bursa	1

OPERATIONS ON BONES.

(a) Skull—	
Elevation of depressed fracture	7
Explanatory trephine	7
Unilateral subtemporal decompression	6
Ventriculography—Drainage of ventricles	—
Drainage of cerebral abscess	—
Suboccipital decompression	1
(b) Spine—	
Laminectomy	—
(c) Fractures—	
Reduction and setting of fractures (by manipulation only, under G.A.)	14
Reduction of fracture and dislocation	14
Wiring of fracture	18
Plating of fracture	3
Removing of plates and wires	1
Suturing patella	—
Removal of callus	—
Correction of malunited fracture (osteoclasia)	4
Freshing ends of united fracture	—
Cleaning and setting compound fractures	13
(d) Amputations and excisions—	
Amputation of—	
Toes	6
Foot	5
Leg	15
Thigh	1
Fingers	20
Hand	1
Forearm	—
Upper arm	3
Stump	5
Astragelectomy	—

OPERATIONS ON BONES—*continued*.

Tarsectomy	2
Excision of metatarsal bone	—
Incision of Periosteum	1
Drainage of medulla	12
Sequestrectomy	21
Osteotomy	7
Excising and curetting sinuses	—
Aspiration of T.B. abscess (Bone dis.)	7
Removal of bony spurs	—
Curetting bone	5
Excision of osteophytes	3
Other excisions	1

OPERATIONS ON JOINTS.

Reduction of dislocation (by manipulation)	1
Reduction of dislocation (by open operation)	2
Aspirating joint	—
Arthrotomy	4
Arthrectomy	3
Arthrodesis	2
Moving of stiff joints	8
Excision of semilunar cartilage	6
Correction of hallux valgus—Bunion	6
Correction of hammertoe	3
Exploration of T.B. sinus	—
Arthroplasty	—
Removal of loose bodies	4
Excision of gland (diagnostic)	4
Excision of glands (therapeutic) (specify)	29
Incision for suppuration	—
Partial thyroidectomy	13
Removal of thyroid adenoma or cyst	5
Removal of thy.oglossal cyst	4

OPERATIONS ON ALIMENTARY SYSTEM.

Mouth, tongue, lips, &c.—	
Extraction of teeth	1
Excision of lip (partial or complete)	13
Excision of lip and glands	13
Partial or complete excision of tongue	—
Partial or complete excision of tongue and glands	4
Excision of jaw (lower) and glands of neck	1
Excision of jaw (upper)	1
Closing of salivary fistula	1
Oesophagoscopy	18
Removal of F.B. from oesophagus	—
Incision or excision of ranula	2
Removal of salivary calculus ..	5
Removal of dentigerous cyst or epulis	4
Passing of oesophageal bougies	1
Repair of cleft palate	1
Harelip	3
Stomach and intestines—	
Gastrectomy	1
Gastrostomy	5
Gastroenterostomy	41
Closing perforated peptic ulcer	14
Excision of peptic ulcer	7
Exploratory laparotomy	83

OPERATIONS ON ALIMENTARY SYSTEM—*continued.*

Freeing abdominal adhesions	8
Paracentesis abdominis	—
Closure of intestinal perforation	1
Colostomy	12
Opening colostomy	2
Closing colostomy	2
Enterectomy	20
Entero anastomosis	8
Lateral anastomosis	2
Enterostomy	—
Appendicectomy	433
Appendicectomy with drainage	33
Drainage of appendical abscess	37
Drainage of Subphrenic abscess	3
Drainage of other abdominal abscess	16
Caecostomy	4
Caecoplication	1
Relief intestinal obstruction	9
Repair of faecal fistula	3
Hernia—	
Inguinal hernia. Radical cure	162
Inguinal Hernia. Strangulated	6
Femoral hernia. Radical cure	6
Femoral Hernia. Strangulated	7
Ventral hernia. Radical cure	24
Ventral hernia. Strangulated	2
Incisional hernia	1
Umbilical hernia	4
Umbilical hernia. Strangulated	3
Liver, gall bladder, spleen, pancreas—	
Incision and drainage hepatic abscess	5
Hydatid cyst	7
Repair ruptured liver	—
Cholecystostomy	9
Cholecystectomy	107
Cholecystenterostomy	3
Linectomy	—
Repair of ruptured spleen	—
Choledochostomy	—
Rectum and Anus—	
Haemorrhoids. Radical cure	45
Haemorrhoids. Injection	6
Fistula in ano. Excision	16
Dilatation of stricture	—
Ischiorectal abscess. Incision and drainage	18
Excision of papilloma rectum	5
Excision of rectum	3
Sigmoidoscopy	5
Proctoscopy	3
Fissure in ano	4
Repair of Prolapse of rectum	1

OPERATIONS ON URINARY SYSTEM.

Kidney—	
Exploration of kidney	8
Nephrectomy	12
Draining perinephric abscess	8
Removal of stone from kidney	—
Nephropexy	—
Cystoscopy	179

OPERATIONS ON URINARY SYSTEM—*continued.*Kidney—*continued.*

Suprapubic cystotomy	26
Perineal Prostatectomy	—
Vesica Calculus. Lithotomy	4
Calculus, Lithotrity	1
Removal of stone from bladder.....	8
Perineal cystotomy	1
Removal of stone from ureters	3
Cystectomy	3
Passing bladder sound or catheter	11
Internal urethrotomy	4
External Urethrotomy	7
Excision of urethral stricture	9
Excision of urinary fistula	2
Incision of prostatic and periurethral abscess.....	9
Lavage of renal pelvis.....	—
Removal of stone from ureter	—
Removal of vesical tumour	4
Supra pubic prostatectomy	30
Application of diathermy to bladder	2
Removal of F.B. from bladder	—
Excision of urethral caruncle.....	7
Transplantation of ureters	1

OPERATIONS ON MALE GENITAL ORGANS.

Incision of prepuce	—
Circumcision	16
Reduction	—
Paraphimosis	3
Radical cure. Undescended testicle	7
Radical cure of hydrocele.....	13
Amputation of penis	1
Orchidectomy	1
Epididymectomy	—

GYNAECOLOGICAL OPERATIONS.

Vulva—

Incision of Bartholin's abscess	5
Excision of cysts and new growths.....	6
Perineorrhaphy	62

Vaginal—

Ant. colporrhaphy	24
Post colporrhaphy	3
Plastic for fistulae	4
Post colpotomy	86
Insertion of pessary.....	9

Uterus—

Dilatation of cervix	13
Curettage	528
Trachelorrhaphy	46
Myomectomy	5
Subtotal Hysterectomy	50
Total hysterectomy	13
Amputation of cervix	5
Wertheim's operation	14
Removal of polyp	14
Cauterisation of new growth	—
Suturing perforated uterus.....	—
Shortening of round ligts.	107

GYNAECOLOGICAL OPERATIONS—*continued.*

Uterus— <i>continued.</i>	
Fothergill's operation	11
Ventrosuspension	3
Ventrofixation	11
Ovary and tubes—	
Excision of Ovarian cyst	73
Oophorectomy	24
Salpingectomy	—
Salpinga-oophorectomy	29
Vaginal examination (under G.A.)	29
Salpingostomy	7
Induction of labour	1
Caesarean section	2
Partial resection of ovary	6
Freeing of pelvic adhesions	26
Repair of ruptured ectopic gestation	23
Craniotomy	—

OPERATIONS ON THE BREAST.

Incision of abscess	2
Excision of tumour	9
Amputation of breast	13
Amputation of breast with glands	10

OPERATIONS OF THE THORAX.

Thoracotomy—Drainage	25
Hydatid	2
Thoraco-plasty	6

OPERATIONS OF THE EYE.

Excision of tumours	16
Plastic operations on lids	22
Removal of pterygium	42
Incision and drainage of dacryocystitis	1
Removal of tear sac	15
Tenotomy	6
Tenotomy with advancement	11
Advancement	3
Tarsectomy	12
Enucleation of Globe	21
Evisceration	11
Extraction of lens	36
Peritomy	1
Iridectomy	26
Removal of foreign body	9
Trephine	15
Posterior Sclerotomy	13
Tattooing leucoma	—
Keratotomy	1
Needling lens	28
Relief of lacrimal duct obstruction	2

OPERATIONS ON EAR, NOSE, AND THROAT.

Removal of aural polyp	9
Paracentesis Tympani	2
Operations on mastoid antrum—	
Palliative	38
Radical	14

OPERATIONS ON EAR, NOSE, AND THROAT—*continued.*

Operations on Maxillary antrum—	
Palliative.....	167
Radical	67
Operations on sphenoidal, ethmoidal, and frontal sinuses	13
Excision of turbinal bone	19
Resection of nasal septum	107
Removal of nasal polyp	21
Tonsillectomy	306
Tonsillectomy and adenoidectomy	126
Adenoidectomy	3
Laryngotomy	1
Removal of Papilloma of Larynx	2
Removal of F.B. from air passages	3
Tracheotomy	2
Bronchoscopy	5
GENERAL.	
Plastic operations on ear, lips, and cheek	—
Plastic operations on jaw, palate, and nose	5
Skin grafts	20
Other plastic operations	20
Removal of superficial tumours and rodent ulcer	54
Incision of abscess and cellulitis	55
Removal of F.B. from soft parts	30
Excision of sinus and scar tissue.....	8
Excision of suture of wound	68
Burying radium at operation.....	87
Application of plasters, &c.	16
Snipping for microscopic examination	27
Canterization	64
Grand total	<u>4,989</u>

X-RAY DEPARTMENT.

Honorary Radiologist .. DR. H. C. NOTT.

Radiographer MR. C. H. MARSHALL.

The work demanded of the X-ray Department continues to increase, as indicated by the number of films used, as follows:—
15 x 12, 5,270; 12 x 10, 4,905; 10 x 8, 3,816; 8½ x 6½, 1,488; 6½ x 4½, 15; dentals, 55; total 15,549.

The number of examinations carried out was as follows:—Opaque meals, 460; opaque enemata, 87; urinary tracts, 365; chests, 1,153; cholecystographs, 136; miscellaneous, 3,428; total, 5,629.

Patients treated with X-rays (to May 15th, 1929) ..	53
Treatments given	198
Patients treated with Radium (to Sept. 30th, 1929) ..	191
Treatments given	387

N.B.—Radium treatment taken over by Radium department Oct. 1st., 1929. X-Ray plant temporarily dismantled in May, 1929.

MASSAGE DEPARTMENT.

Senior Masseuse MISS E. M. ASHTON.

The number of patients treated were:—	1928.	1929.
In-patients	209	222
Out-patients	362	409
Total	571	631
Average number of patients each day	31	33
The actual number of treatments given	9,719	10,317
Patients under treatment in Hospital, December 31st, 1929 (9 in and 57 out)	67	66
Cases treated were as follows:—		
Fractures	264	278
Loss of muscular tone	33	30
Sprains and injuries	103	122
Paralysis	34	50
Arthritis	—	62
Rheumatism	100	—
Fibrositis	—	40
Neuritis	19	9
Various	13	10
Synovitis	5	7
Sciatica	—	19
Scoliosis	—	4
	571	631

ELECTRICAL AND RADIANT HEAT.

The number of patients treated were:—	1928.	1929.
In-patients	53	68
Out-patients	152	162
Treatments given.....	3,250	4,512
Daily average	10	14.5
Separate cases treated were:—		
Reactions tested	36	28
Paralysis	50	35
Neuritis.....	21	8
Fractures	16	9
Injuries.....	16	21
Rheumatism.....	78	109
Muscular weakness	18	12
Synovitis	—	3
Sciatica	—	21
Cervicitis	—	4
Salpingitis	—	4
Various	6	4
Patients under treatment in Hospital, December 31st, 1929 — In-patients, 3; Out-patients, 32	31	35

REPORT ON THE ACTIVITIES OF THE RADIO-THERAPEUTIC DEPARTMENT FOR 1929.

This Department began as a separate entity in October, 1929, prior to which date, Radio-Therapy was conducted by Dr. Nott until July 15th, 1929, and from then on until October, by Dr. H. A. McCoy, as Honorary Radium Therapist, and Dr. J. Stanley Verco as Honorary Deep X-Ray Therapist.

In October, 1929, a Clinical Committee for Cancer Treatment, representatives of all branches of Hospital activities was formed under the auspices of Dr. A. A. Lendon as Honorary Director, and this Committee has met on each Tuesday afternoon since its inception. The members of this Committee have examined all cases recommended for Radio-Therapy, and have observed the progress of patients while undergoing treatment and afterwards.

A satisfactory amount of radium has been obtained from Canberra, the only difficulty being the obtaining of beds for a new class of patient, in a Hospital of which the accommodation was already taxed to the full.

In the temporary absence of a Deep X-Ray plant, arrangements have been made whereby indigent patients needing such treatment have been accommodated at Dr. Verco's private rooms.

A Deep X-Ray Plant has been ordered, and should be installed at the Hospital in 1930.

Records of the activities of the Department have been kept since July 15th, 1929, and between that date and December 31st, 1929, 247 cases were examined, and most of these, but not all, treated. This number includes, of course, certain patients who had previously undergone Radio-Therapy, and who had reported either as a routine or on account of some recurrence of the lesion. Ten of these cases were considered unsuitable for Radio-Therapy, and three declined treatment. In one case no lesion could be detected, while in seven there were two distinct lesions, each requiring treatment.

By December 31st, 1929, the large amount of organisation necessary in the opening of a new department had been, to a great extent, completed, and the Radio-Therapeutic Department in a fair way to become a very useful and even essential portion of the facilities for treatment in the Adelaide Hospital.

APPENDIX No. 5.

LIFE CONTRIBUTIONS.

1870.	£	s.	d.
<i>Advertiser</i> Companionship, Waymouth Street.....	20	0	0
1872.			
Rounsevell, W. B., Grenfell Street	20	0	0
1874.			
Waterhouse, J., Executors of	100	0	0
1875.			
Maclean, Donald, Prospect Hall	20	0	0
1877.			
Port Adelaide Working Men's Association	52	10	0
1878.			
Port Adelaide Working Men's Association	26	5	0
South Australian Football Association	20	0	0
1879.			
Clark, William, Angaston	20	0	0
Port Adelaide Working Men's Association	26	5	0
1880.			
Port Adelaide Working Men's Association	25	0	0
Thorngate, William, Trustees of (care Hon. C. C. Kingston)	30	0	0
1881.			
Port Adelaide Working Men's Association	25	0	0
Wooldridge, A. M., Currie Street.....	20	10	0
1882.			
Hales Bros., Currie Street	20	0	0
Samuel J. Jacobs, of Jacobs, Chas., & Sons, Currie Street	20	0	0
Rounsevell, Hon. W. B., Grenfell Street	30	0	0
1883.			
d'Arcy-Varna, Constance Emblyn	20	0	0
1885.			
Simpson, A., & Son, Gawler Place	100	0	0
1888.			
Weidenhofer, J. H.	20	0	0
Wm. Burford, of Burford, W. H., & Sons	100	0	0
1890.			
Barker, Alfred James	20	0	0
Stock, W. F. (executors of the late H. L. Vosz)	20	0	0
1892.			
Waterhouse, L.	200	0	0
S.A. Jockey Club.....	20	0	0
1894.			
Wm. Pile (S.A. Jockey Club)	20	0	0
1895.			
T. F. Wigley (S.A. Jockey Club)	20	0	0
1897.			
H. Dodds (Central Broken Hill S.M. Coy., in liquidation) ..	50	0	0
W. Brindal (Australian Natives' Association)	21	0	0

Life Contributions—continued.

1902.		£	s.	d.
W. Clark		25	0	0
L. G. Robinson		25	0	0
W. C. A. Lodge (S.A.R. Hospital Fund)		21	0	0
J. P. Thomas (S.A.R. Hospital Fund)		21	0	0
G. W. Ward (S.A.R. Hospital Fund)		21	0	0
1903.				
T. French (S.A.R. Hospital Fund)		20	0	0
1904.				
W. C. Williams (S.A.R. Hospital Fund)		26	10	6
W. Davies (S.A.R. Hospital Fund)		26	10	6
P. Worth (Worth Bros.)		20	0	0
1905.				
H. Wyatt (S.A.R. Hospital Fund)		21	9	4
G. D. Clarke (S.A.R. Hospital Fund)		21	9	4
J. Dunn (S.A.R. Hospital Fund)		21	9	4
1906.				
J. W. Spurr (S.A.R. Hospital Fund)		28	17	6
S. Crowley (S.A.R. Hospital Fund)		28	17	6
1907.				
D. W. Fisher (S.A.R. Hospital Fund)		22	9	6
W. J. Ross (S.A.R. Hospital Fund)		22	9	6
W. H. Carpenter (S.A.R. Hospital Fund)		22	9	6
S. James (S.A.R. Hospital Fund)		22	9	6
1908.				
Barker, John (S.A. Jockey Club)		20	0	0
Ware, A. W. (Tattersall's Racing Club)		21	0	0
Cruickshank, R. (Port Adelaide Racing Club)		20	0	0
Slavin, E. W. (S.A.R. Hospital Fund)		21	9	0
Stanley, M. J. (S.A.R. Hospital Fund)		21	9	0
Phillips, C. (S.A.R. Hospital Fund)		21	9	0
Kempton, W. (S.A.R. Hospital Fund)		21	9	0
1909.				
Goudie, Peter (Port Adelaide Racing Club)		20	0	0
Gun, T. R. (Port Adelaide Racing Club)		20	0	0
Lewis, Harry (Port Adelaide Racing Club)		20	0	0
1911.				
Howie, R. E. (Port Adelaide Racing Club)		20	0	0
Brown, John Nerton		20	0	0
"M.A.M."		20	0	0
1912.				
Benson, Dr. A. V. (Port Adelaide Racing Club)		20	0	0
Sobels, T. O. (Port Adelaide Racing Club)		20	0	0
1913.				
Cutten, A. C. (Port Adelaide Racing Club)		20	0	0
Hills, Miss Annie R.		20	0	0
1914.				
Pullman, S. J. (Port Adelaide Racing Club)		20	0	0
1918.				
Walkley, Helen May		25	0	0
1919.				
Lynch, Dr. A. F. A. (Port Adelaide Racing Club)		20	0	0

Life Contributions—continued.

	£	s.	d.
1920.			
Waller, T. J. (Port Adelaide Racing Club)	20	0	0
Slade, H. (Port Adelaide Racing Club)	20	0	0
1921.			
Pullman, S. J. (Port Adelaide Racing Club)	20	0	0
Heseltine, S. R., jun. (Adelaide Racing Club)	20	0	0
1922.			
Pullman, S. J. (Port Adelaide Racing Club)	20	0	0
1923.			
Adelaide Electric Supply Co., Ltd.	20	0	0
Le Leu, F.	20	0	0
Perry Engineering Co., Ltd.	20	0	0
Wallaroo-Mt. Lyell Fertilizer Co., Ltd.	20	0	0
1925.			
Morris, H. A. (chairman S.A. Tattersall's Club Incorptd.)	20	0	0
1926.			
Flannagan, P. J. (Chairman S.A. Tattersall's Club, Incorp.)	20	0	0
Adelaide Development Company	20	0	0
Kidman, Sir Sidney	20	0	0
Adelaide Electric Supply Co, Ltd., ..	20	0	0
1927.			
Chairman (Adelaide Racing Club)	20	0	0
Adelaide Electric Supply Co. Ltd.....	21	0	0
Duncan & Fraser, Ltd. (Mr. A. W. Duncan).....	20	0	0

1929.

DONATIONS TO THE HOSPITAL AND ANTI-CANCER RESEARCH FUND,

	£	s.	d.
Murray, K.C.M.G., Sir George	100	0	0
Bonython, K.C.M.G., Sir Langdon	100	0	0
Kidman, K.B., J.P., Sir Sidney	100	0	0
Simpson, C.M.G., A. A.	100	0	0
Barker, Miss Eleanor K.	100	0	0
Birks, Napier	100	0	0
Bowman, K. D.	100	0	0
Cave, Mrs. H. C.	100	0	0
Fisher, Harold	100	0	0
Gebhardt, L. W.	100	0	0
Hamilton, A. E.	100	0	0
Holden, E. W.	100	0	0
Hope, R. E. H.	100	0	0
Hughes, Harold	100	0	0
Hughes, Mrs. Harold	100	0	0
Marshall, J. A. C.	100	0	0
McBride, P. A.	100	0	0
McFarlane, A. and G.	100	0	0
Melrose, Alex.	100	0	0
Mortlock, J. A. T.	100	0	0
Murray, Alex. J.	100	0	0
Simpson, F. N.	100	0	0
Barr Smith, T. E.	100	0	0
Turner, Mrs. and Mr. Dudley	100	0	0
Waite, Miss Lily	100	0	0
Waite, Miss Eva	100	0	0
Warnes, J.P., I. J.	100	0	0
Wilcox, S.	100	0	0
Wigg, Mrs. H. H.	100	0	0
McDiarmid, Mrs. A.	100	0	0
Corpe, Mrs. J. R.	100	0	0

DONATIONS, ETC.—*continued.*

	£	s.	d.
McTaggart, L.	100	0	0
Darling, Miss Grace	100	0	0
Melrose, M.L.C., J.P., Hon. R. T.	100	0	0
Darling, Miss Gertrude	100	0	0
Duncan-Hughes, J. G.	100	0	0
Hawkes, J.P., W. G.	50	0	0
Sandland, W. H.	50	0	0
Lakeman, F. A.	50	0	0
Murray J. L.	50	0	0
Murray, J. E.	50	0	0
Scarfe, A. A.	25	0	0
Murray, J.P., W. S.	25	0	0
Smith, H. Law	25	0	0
Angas, J. Keith	25	0	0
Angas, R. F.	25	0	0
Mortlock, Mrs. R. F.	25	0	0
Keynes, J.	20	0	0

CONTRIBUTIONS RECEIVED BY THE COMMISSIONERS OF
CHARITABLE FUNDS DURING THE YEAR 1929.

	£	s.	d.
Adelaide Wine & Spirit Co., Ltd.	1	1	0
<i>Advertiser</i> (sundry donation per)	1	2	0
Amateur Turf Club	3	0	0
Australian Meat Industry Employees' Union	1	1	0
Barnard, H. G.	1	1	0
Berlei, Ltd.	20	0	0
Betro, Mr.	0	5	0
Burke, T. M., Pty., Ltd.	1	1	0
Chinner, G. D.	0	10	0
Clayton, C. F.	1	8	0
Cooper, T. L.	0	13	0
Corporation of Gawler	1	1	0
Cowell Bros. & Co., Ltd.	1	1	0
Distillers' Agency, Ltd.	1	1	0
District councils of—			
Keyneton	1	1	0
Yatala North	1	1	0
Duke of Orange Lodge	1	1	0
Ellis, B.	0	10	0
Football Charity Carnival Committee	200	0	0
Formby, A.	1	10	0
Gadsden, J., Pty., Ltd.	1	1	0
Good, Toms & Co.	1	1	0
Grivell, S.	0	5	6
Hemingway & Robertson Pty., Ltd.	1	1	0
Holmes & Coe, Ltd.	1	0	0
Hospital boxes, sundry donations	2	5	2
Jones, H., & Co. (Adelaide), Ltd.	1	1	0
Kornblums, Ltd.	1	1	0
Lees, J. K.	0	10	0
Melbourne Steamship Co.	1	1	0
Nadebaum, A.	1	0	0
Richmond, W.	1	1	0
Schrapel & Sons, Ltd.	1	1	0
Spicers & Detmold	1	1	0
Stokes, D. F.	0	10	0
Swan, W. A., & Sons	1	1	0
Trustees, Thorngate's Estate	30	0	0
Wilcox Mofflin, Ltd.	1	1	0
Woolecott, Short & Co., Ltd.	1	1	0

CONTRIBUTIONS RECEIVED DURING 1929.

	£	s.	d.
Aborigines Department	10	10	0
Abotomey, A., & Sons	3	3	0
Adelaide Bottle Co-op. Co., Ltd.	5	0	0
Adelaide Fruit & Produce Co., Ltd.	2	0	0
Adelaide Motors, Ltd.	2	2	0
Adelaide Rope & Nail Co., Ltd.	2	0	0
Adelaide Chemical & Fertiliser Co., Ltd.	2	2	0
Adelaide Democratic Club	5	5	0
Adelaide Hebrew Congregation	5	5	0
Adelaide Jewish Ladies' Society	2	2	0
Adelaide Milling Coy., Ltd.	5	5	0
Adelaide Potteries, Ltd.	2	2	0
Adelaide Racing Club, £3, £5, £5, £10	23	0	0
Adelaide Steamship Co., Ltd.	10	10	0
Alaska Ice Cream Coy., Ltd.	2	2	0
Australian Postal Electrician Union, S.A. Branch	2	2	0
Australian United Paint Co., Ltd.	2	0	0
Babidge, R., & Sons	5	0	0
Balfour, Wauchope, Ltd.	2	0	0
Bickford, A. M., & Sons, Ltd.	2	2	0
Cash & Carry, Ltd.	2	2	0
Central Agency, Ltd.	4	0	0
Central Provision Stores	2	0	0
Chandler, C. J., & Co.	2	2	0
Chartres, Ltd.	2	2	0
Clarkson, Ltd.	2	0	0
Clutterbuck Bros.	2	2	0
Cogan, A. J. H.	2	0	0
Colonial Sugar Refining Coy., Ltd.	10	10	0
Colton, Palmer, & Preston, Ltd.	2	2	0
Cook, Thos., & Son	2	0	0
Cooper & Sons, Ltd.	5	0	0
Corporation of—			
Goolwa	2	2	0
Unley	5	5	0
Craven, J., & Co., Ltd.	5	5	0
Crooks & Brooker, Ltd.	2	0	0
Crosby, Mann, & Coy., Ltd.	2	0	0
Cyclone Fence & Gate Co., Pty., Ltd.	10	10	0
Dalgety & Co., Ltd.	5	5	0
District Council of—			
Aldinga	2	2	0
Angaston	2	2	0
Barossa	2	0	0
Bremer	2	2	0
Brinkley	2	2	0
Cairnamont	2	2	0
Clarendon	2	2	0
Crafers	2	2	0
East Torrens	2	2	0
Kingscote	2	2	0
Kondoparinga	2	0	0
Mannum	2	2	0
Meningie	2	2	0
Mobilong	2	2	0
Mount Crawford	2	2	0
Munno Para West	2	2	0
Nairne	2	2	0
Onkaparinga	2	2	0

Contributions received during 1929—continued.

	£	s.	d.
District Council of—			
Rapid Bay	2	0	0
Saddleworth	2	2	0
Springton	2	2	0
Stirling	2	2	0
Swan Reach	2	2	0
Tungkillo	2	2	0
Yankalilla	2	2	0
Yorke Peninsula	2	2	0
Daw, Edwin	2	2	0
Dunstan, John, & Son, Ltd.	2	0	0
Druids Grand Lodge	2	2	0
Eastern Extension (Aust. and China) Telegraph Co., Ltd.	5	5	0
Edment's Cash Stores	8	0	0
Elder, Smith & Co., Ltd.	10	10	0
Eudunda Farmers' Co-op. Society, Ltd.	2	2	0
Ezywurk Manufacturing Co.	2	2	0
Faulding, F. H., & Co., Ltd.	2	2	0
Fire Brigades Board	15	15	0
Flannagan, W. H.	2	0	0
Ford Motor Co. of Australia, Pty., Ltd.	10	10	0
Forwood, Down & Co., Ltd.	2	2	0
Foy & Gibson Pty., Ltd.	10	10	0
Gall, Miss H.	2	0	0
Gawler Jockey Club	3	3	0
Gerard & Goodman, Ltd.	2	2	0
Globe Timber Mills Coy.	2	2	0
Goldsbrough, Mort, & Co., Ltd.	5	5	0
Goode, Durrant, & Co., Ltd.	2	2	0
Gordon & Gotch (Aust.), Ltd.	2	2	0
Government Printing Office Association	2	2	0
Grand Lodge of Freemasons	5	5	0
Grave, W. A. W.	2	2	0
Greater Wondergraph Co., Ltd.	2	0	0
Griffiths Bros. Pty., Ltd.	2	2	0
Gunnensen, LeMessurier, Ltd.	2	0	0
Gurner & McArthur	2	2	0
Hall, G., & Sons	2	0	0
Hardy, Thomas, & Sons, Ltd.	2	0	0
Holden's Motor Body Builders, Ltd.	10	0	0
Howard Smith, Ltd.	5	5	0
Hume Pipe Co. (Australia), Ltd.	2	2	0
Income Tax Compiler Co., Ltd.	2	2	0
International Harvester Coy. of Australia Pty., Ltd.	2	2	0
Jesuit Society	2	2	0
Keene & Co., E. J.	2	2	0
Kitchen, J., & Sons, Ltd.	5	5	0
Knapman, W., & Son, Ltd.	2	2	0
Landseer, A. H., Ltd.	2	2	0
Laubman & Pank	2	2	0
Laundries, Ltd.	2	2	0
Lawton, J. A., & Sons	2	2	0
Lever Bros., Ltd.	2	2	0
LeMessurier, A. & E., Ltd.	2	0	0
Lion Brewing & Malting Co., Ltd.	5	0	0
Lodge of St. John, No. 15, S.A.C.	2	0	0
Low, Robert, & Sons	2	2	0
Lysaght (Aust.), John, Ltd.	2	2	0
Macrow, A., & Sons Pty., Ltd.	2	2	0
MacIlwraith, McEachern's Line Pty., Ltd.	2	0	0
Martin, C. H., Ltd.	2	2	0

Contributions received during 1929—continued.

	£	s.	d.
Martin, John, & Co., Ltd.	10	10	0
McEwin, Geo., & Co., Ltd.	10	0	0
McGregor, J. W., & Sons, Ltd.	5	5	0
McKay, H. V., Pty., Ltd.	2	2	0
McPherson's Pty., Ltd.	2	2	0
Mechanical Supplies, Ltd.	2	2	0
Metropolitan Abattoirs Board	10	10	0
Metropolitan Brick Co., Ltd.	2	0	0
Metters, Ltd.	5	0	0
Milne, George	2	0	0
Moore, Chas., & Co.	2	2	0
Motteram & Sons, Ltd.	2	2	0
Municipal Tramways Trust	10	0	0
Muth, G. A.	3	3	0
Mutooroo Pastoral Co., Ltd.	5	5	0
Myer Emporium (S.A.), Ltd.	5	0	0
Nestle and Anglo Swiss Condensed Milk Co. (Aust.), Ltd.	2	2	0
Ocean Accident and Guarantee Corporation, Ltd.	5	0	0
Oddfellows' Lodge, Loyal Glen Osmond Lodge, No. 56.	2	2	0
Onkaparinga Racing Club	5	0	0
Onkaparinga Woollen Co., Ltd.	2	2	0
Penfold's Wines, Ltd.	5	0	0
Pengelley, A., & Co.	2	2	0
Peoples Stores, Ltd.	2	2	0
Port Adelaide Racing Club	10	0	0
Queensland Insurance Co., Ltd.	2	0	0
Reckitt's (Overseas), Ltd.	5	5	0
Reid Bros., Ltd.	2	0	0
Reid, Robert, & Co., Ltd.	2	2	0
Rose of Sharon Lodge	3	3	0
Sands & McDougall Pty., Ltd.	2	2	0
Sanitarium Health Food Co.	2	2	0
Sare, J.	5	0	0
Seppelt, B., & Sons, Ltd.	2	0	0
Shearer, John, & Sons	5	0	0
Shell Coy., of Aust., Ltd.	3	3	0
S.A. Associated Brewers and United Licensed Victuallers' Association	5	5	0
S.A. Brewing Company, Ltd.	3	3	0
S.A. Master Carters' Association	2	2	0
S.A. Gas Company	5	5	0
S.A. Jockey Club (£10, £10, £5)	25	0	0
S.A. Licensed Victuallers' Racing Club (£5, £4 4s.)	9	4	0
S.A. Stevedoring Co., Ltd.	5	0	0
Standard Oil Co., of Aust., Ltd.	2	2	0
Stonyfell Vineyards (H. M. Martin & Son, Ltd.)	5	0	0
St Peters Cathedral	8	15	4
Sullivan, C.	5	0	0
Texas Co. (Aust.), Ltd.	3	3	0
Thompson & Harvey, Ltd.	2	2	0
Turner, C.	5	5	0
Vacuum Oil Co. Pty., Ltd.	3	3	0
Walkerville Brewing Co-op. Co., Ltd.	2	0	0
Ward, S. C., & Co.	2	2	0
Watson & Co.	2	2	0
Watson, W., & Sons, Ltd.	2	2	0
Webber & Williams	2	0	0
Wills, W. D. & H. O. (Aust.), Ltd.	5	0	0
Woodroffe, W.	3	3	0
Zenner, Mrs. H.	2	0	0

COMMISSIONERS OF CHARITABLE
ABSTRACT OF RECEIPTS AND EXPENDITURE OF THE COMMISSIONERS OF CHARITABLE FUNDS—

RECEIPTS.

	To June 30th, 1928.			To June 30th, 1929.			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
To Sundry bequests, contributions, rents, and unclaimed patients' fees.....	24,382	2	5	469	1	4	24,851	3	9
T. F. Hyland's bequest for investment ..	1,000	0	0	—			1,000	0	0
David Mundy's bequest for providing comforts for patients	500	0	0	—			500	0	0
Estates of the late Miss A. F. Keith-Sheridan and Mrs. A. M. Simpson— Amount allocated by the executors for kiosk and electrical cardiograph	3,100	0	0	—			3,100	0	0
Adelaide Hospital Auxiliary— Amounts collected by the Committee ..	2,269	19	8	1,171	0	6	3,441	0	2
T.B. patients Comforts Fund	91	5	7	7	19	6	99	5	1
Hospital Day Appeal— Amount received from executive committee	*3,390	0	0	—			3,390	0	0
Football Charity Carnival— Amount received from Committee	2,000	0	0	1,500	0	0	3,500	0	0
Office furniture, Sale of	6	13	6	—			6	13	6
Thos. Martin's bequest— Proportion of capital received from trustees	21,200	0	0	—			21,200	0	0
Proportion of income received from trustees	15,814	15	2	—			15,814	15	2
Sundry rents collected by Commissioners	40,418	9	3	3,042	2	4	43,460	11	7
Interest on monthly balances	19,686	17	0	865	6	4	20,552	3	4
Martin Buildings—Rent account.....	13,505	0	0	4,702	16	8	18,207	16	8
Thorngate Buildings—Rent account...	75	4	3	2,352	0	0	2,427	4	3
Interest on investments and current accounts	24,703	15	0	2,082	17	5	26,786	12	5
£	172,144	1	10	16,193	4	1	188,337	5	11
Department of Dentistry— Donation from British Red Cross Society	15,000	0	0	—			15,000	0	0
Interest at 5½ per cent. thereon	3,097	14	2	165	19	6	3,263	13	8
£	190,241	16	0	16,359	3	7	206,600	19	7

* Including £1,000 received from Football Charity Carnival.

Other property held—Thos. Martin's bequest—Town acre 86, situated on the south-west

July 8th, 1929.

In conformity with section No. 23 of Act No. 1078 of 1912, I have the honor to report the Adelaide Hospital, and examined the securities, and found them correct.

July 24th, 1928.

FUNDS.—ADELAIDE HOSPITAL.

IN ACCOUNT WITH THE ADELAIDE HOSPITAL FOR THE YEAR ENDED JUNE 30TH, 1929.

EXPENDITURE.

	To June 30th, 1928.			To June 30th, 1929.			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
By Adelaide Hospital—									
Payments for building additions, &c.	20,653	9	4	306	3	0	20,959	12	4
Interest on expenditure for additions and improvements	9,024	0	9	2,400	7	3	11,424	8	0
Contributions towards the maintenance of Kiosk—Construction of and supply of cardiagraph	900	0	0	240	0	0	1,140	0	0
Thos. Martin's bequest—									
Children's Hospital on subdivision of estate	650	0	0	—			650	0	0
Land tax on portions of town acre 86 ..	3,766	4	4	704	15	4	4,470	19	8
City and water rates on portions of town acre 86	330	10	0	23	1	7	353	11	7
Additions and improvements to buildings on town acre 86 held under old leases	8,242	1	10	247	13	11	8,489	15	9
Sundry expenses (including law costs) ..	331	4	0	52	8	1	383	12	1
Commissioners' additional fees under Act 1553/23	499	16	0	98	18	1	598	14	1
Nurses' Home, Adelaide Hospital, payment towards	20,000	0	0	—			20,000	0	0
Martin Buildings—									
Construction account	26,553	7	1	—			26,553	7	1
Maintenance account	1,418	13	3	366	18	6	1,785	11	9
Thorngate Buildings—									
Capital and construction account	8,669	1	2	3,294	16	8	11,963	17	10
Maintenance account	63	6	4	224	8	11	287	15	3
D. Mundy's bequest—Sundry expenses ..	—			12	10	0	12	10	0
Adelaide Hospital Auxiliary—									
Supplies of drapery, bed linen, clothing, &c.	2,023	17	5	750	7	10	2,774	5	3
Football Charity Carnival—									
Supplies of drapery, bed linen, clothing, &c.	1,965	18	8	1,531	16	11	3,497	15	7
Hospital Day Appeal—									
Supplies drapery, bed linen, clothing, &c.	3,390	0	0	—			3,390	0	0
T.B. patients' Comforts Fund—Repairs, &c.	13	13	0	19	1	0	32	14	0
Office furniture	58	4	0	5	13	6	63	17	6
Proportion of Commissioners' fees	1,068	14	6	67	3	11	1,135	18	5
Clerical Services	1,061	5	6	96	13	8	1,157	19	2
Sundry expenses, miscellaneous	239	17	1	46	14	6	286	11	7
Department of Dentistry—	£114,251	9	0	10,489	12	8	124,748	1	8
Proportion of Commissioners' fees and clerical services	108	17	1	7	6	6	116	3	7
Payments towards new buildings in Frome Road	14,828	5	10	—			14,828	5	10
	£129,195	11	11	10,496	19	2	139,692	11	1
Balances on June 30th, 1929—									
S.A. Government Treasury—									
Trust Account				11,069	0	3			
Department of Dentistry				3,319	4	3			
Adelaide Hospital Endowment Fund, under Act 1209/15				47,131	2	3			
S.A. Government inscribed stock				3,600	0	0			
Commonwealth inscribed stock, 1939				700	0	0			
Commonwealth inscribed stock, 1939, "Hyland's bequest"				1,000	0	0			
Bank of Adelaide—Current account				89	1	9			
							66,908	8	6
							£ 206,600	19	7

corner of Rundle and Pulteney Streets, with the buildings thereon leased to various persons.

W. WRIGHT,
L. H. SHOLL,
J. WALLACE SANDFORD, } Commissioners.

that I have audited the accounts of the Commissioners of Charitable Funds in connection with

W. E. ROGERS, Auditor-General.

REPORT ON DENTAL DEPARTMENT, 1929

Superintendent—T. D. Campbell, D.D.Sc.

Senior Dental Surgeon and Demonstrator—J. F. Clark, B.D.S.

Dental Surgeons—J. V. Christophersen, B.D.S., A. E. Bolt.

Dental Surgeon (half-time)—Miss W. E. Preedy, B.D.S.

Senior Dental Mechanic—L. A. M. Brougham.

CHANGES IN STAFF.

Sister L. Mayor was transferred to the Radium Clinic.

STUDENTS.

Students attending the practice of the Hospital were as follows:—First year, nil; second year, 5; third year, 4; fourth year, 3; total, 12.

In the final examinations, three students graduated for the degree of Bachelor of Dental Surgery, University of Adelaide.

GENERAL REMARKS.

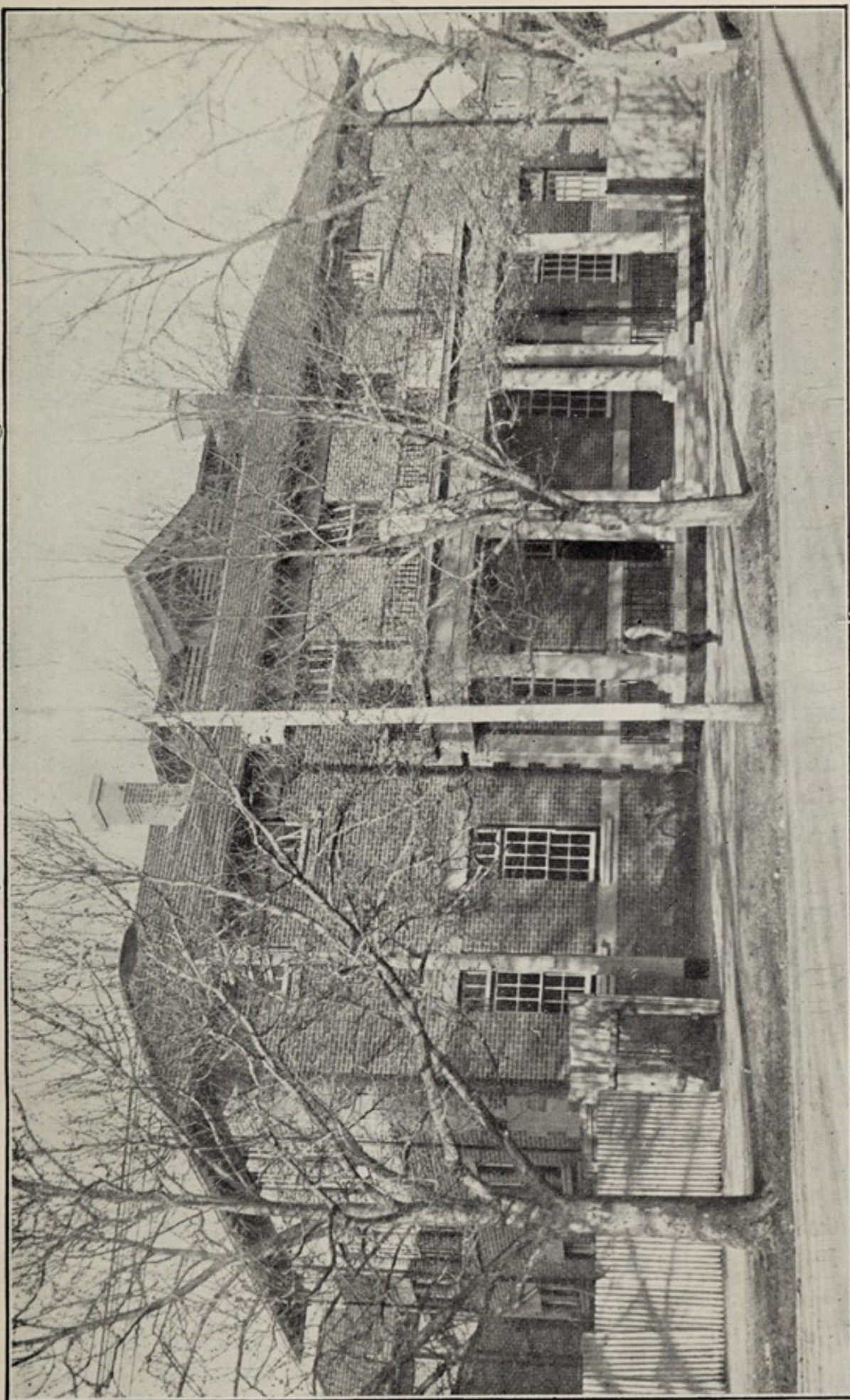
The accompanying tables show that the demand for treatment is still on the increase during each successive year. This fact is also made evident by the inability of the present staff to cope with the work in hand, and appointments for some classes of treatment have to be made a considerable time ahead.

Another weekly session for general anæsthetics has been provided in an endeavour to relieve the pressure on this branch of work.

There is a still further decrease in the receipts for patients' fees, but the decrease from 1928 figures is not so great as between that year and 1927.

The fact that the totals for the year under review include 1,861 patients in quite destitute circumstances, and 939 institutional patients, shows that a considerable proportion—approximately 60 per cent.—is not entirely incapable of affording private practitioners' fees, but provides no revenue at all for work accomplished.

The appointment of Mr. H. Gill Williams by the Dental Faculty, as representative on the Advisory Committee, is a useful step, in that being an active practitioner he can assist in presenting the practical dental aspect of the institution more adequately to the Hospital Board.



THE DENTAL DEPARTMENT (Front View of the Building).

To face page 64.]



THE OPERATING ROOM (Patients Under Treatment).

APPENDIX 1.

Treatment Executed.

	1929.	1928.	1927.	1926.	1925.	1924.
Patients examined	4,758	3,221	2,826	3,543	2,071	1,906
Admissions	4,787	3,093	2,845	3,589	2,340	2,158
Discharges	4,644	2,647	1,971	3,278	1,719	2,239
Total attendance for all purposes	31,964	26,159	24,404	27,149	17,999	15,297
Attendance (exclusive of examinations and appointments)	19,318	16,921	15,794	16,753	12,513	10,800
Treatments	6,660	6,508	6,591	6,554	5,744	5,034
Extractions under local anaesthesia	7,660	4,258	2,680	3,115	1,468	1,916
Extractions under general anaesthesia	10,447	8,463	7,129	7,209	5,746	5,093
Anaesthetics administered—						
Local	2,937	1,781	1,303	1,395	703	749
General	1,015	830	702	815	751	544
Restorations—						
Gold	32	53	114	199	259	153
Plastic	6,781	5,111	4,349	5,371	2,707	1,969
Inlays	466	578	494	644	360	307
Crowns	20	40	13	39	36	48
Bridges	10	8	3	12	5	4
Removal of impacted teeth	8	—	8	8	13	4
Apicectomies	2	8	5	4	5	25
Fractures of the jaw ...	7	9	12	9	13	11
Radiographs	402	595	617	707	789	771
Artificial dentures	1,189	1,247	1,147	1,099	898	757
Repairs to dentures	388	246	226	226	115	116

APPENDIX 2.

Institutional Patients Treated at Dental Department, Adelaide Hospital.

Pensioners	267
State Children	370
Nurses and Adelaide Hospital employees	61
Indoor Patients	129
Magill Home	18
Bedford Park Sanatorium	22
Aboriginals Department	28
House of Mercy, Walkerville	5
Fullarton Refuge	5
Kalyra Sanatorium	8
Enfield Receiving Home	3
Protestant Children's Home	23

APPENDIX 3.

Statement of Receipts and Expenditure.

RECEIPTS.		£	s.	d.
Patients' fees		1,067	2	5
Students' fees		179	8	0
Total		1,246	10	5
EXPENDITURE.		£	s.	d.
Salaries		4,356	0	6
Contingencies		1,524	6	11
Total		5,880	7	5

THE CONSUMPTIVES' HOME.

Within the home are rooms set apart for library (with hundreds of books, periodicals, and magazines), smoking, billiards (full-sized table), billatele, and other games. A piano and organ are also provided, in fact everything is done to give the patient all the comforts of a good home, together with the best medical and nursing skill procurable. There are 23 cubicles, three rooms for two patients each, one ward for eight patients, one ward for nine patients, one large bungalow for 12 patients, and four tents for one patient each—giving accommodation for 62 patients.

The buildings have verandahs on both sides, are thoroughly ventilated the walls and ceilings are varnished and the floors covered with linoleum.

Provision is also made for the treatment of cancer cases, there being 14 single bedrooms devoted to this purpose.

The majority of cases pass through the Consultation room, or are transferred from the wards of the General Hospital.

Phthisis.

	M.	F.	Total	Died.	Left.	Remaining in Hospital on Dec. 31st, 1929.	
						M.	F.
Remaining in Hospital on December 31st, 1928	20	19	39	—	—	—	—
Admitted during year 1929	54	49	103	—	—	—	—
Total treated for the year	74	68	142	67	20	27	28

Cancer.

Remaining in Hospital on December 31st, 1928	15	8	23	—	—	—	—
Admitted during year 1929	40	21	61	—	—	—	—
Total treated for the year	55	29	84	52	18	10	4

Cancer—Deaths Classified.

Disease.	Deaths.	Disease.	Deaths.
Malignancy of—		Malignancy of—	
Stomach and Liver	11	Pancreas	1
Buccal Cavity	10	Ear	3
Rectum—Intestines	8	Face	4
Breast	5	Rodent Ulcer	1
Bladder	1	Other Organs	2
Female Genito Urinary system	3		51
Male Genito Urinary system	1	Otitis Media	1
Parotid Gland	1		52

	£	s.	d.
Total fees received for maintenance	1,040	15	11
Total cost of maintenance	6,140	18	8
Annual cost per bed occupied	84	2	5 $\frac{2}{3}$
Average daily cost	0	4	7 $\frac{3}{10}$
Average total cost each inpatient	27	3	5 $\frac{3}{10}$
Average daily resident, 73.			

INFECTIOUS DISEASES BLOCK.

DISEASE.	Males.	Females.	Cured.		Relieved.		Un-relieved.		Other Causes.		Died.		Rem'ng in Dec. 31, 1929.		Total.	Con-current Diseases.
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Diphtheria (Faucal)	36	74	17	42	9	21	—	—	1	—	—	4	9	7	110	13
Diphtheria (Laryngeal)	24	17	19	10	1	6	—	—	—	—	4	1	—	—	41	—
Acute Tonsillitis and Quinsy ..	38	48	13	29	24	19	1	—	—	—	—	—	—	2	86	3
Measles	48	39	25	22	20	13	—	—	1	1	2	1	1	—	87	1
Scarlatina	10	13	3	6	6	7	—	—	—	—	—	—	2	1	23	—
Pertussis	10	2	4	1	4	—	—	—	—	—	—	—	—	—	12	—
Varicella	7	6	5	5	2	—	—	—	—	—	—	1	—	—	13	3
Erysipelas	28	29	17	16	10	13	—	—	—	—	1	—	—	—	57	1
Cellulitis and Carbuncle	3	3	1	—	1	2	—	—	—	—	1	1	—	—	6	13
Other Cutaneous Diseases	4	9	1	3	3	4	—	1	—	—	—	2	—	1	13	12
Pneumonia	—	3	—	—	—	1	—	—	—	—	—	—	—	—	3	9
Other Diseases of the Lungs ..	2	1	2	—	—	1	—	—	—	—	—	—	—	—	4	—
Nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Meningitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	21	—
Otitis Media	1	2	1	2	—	—	—	—	—	—	—	—	—	—	3	3
Other Diseases of the Ear	—	1	—	—	—	—	—	—	—	—	—	1	—	—	1	3
Cardiac Failure	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Other Diseases of the Heart	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	—
Pulmonary Tuberculosis	1	2	—	—	—	1	—	—	—	—	—	—	—	—	—	2
Tuberculosis of Other Parts ..	2	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—
Cancer of Stomach and Liver ..	2	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—
Cancer of Face	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer of Eye	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Cancer of Male Genito Urinary Organs	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—
Mental Alienation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Diseases of the Lymphatics ..	2	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Traumatism by fall or other external violence	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
No Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Paralysis	2	1	—	—	—	1	—	—	1	—	—	—	1	—	3	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Frontal Sinusitis	—	1	—	—	—	1	—	1	—	—	—	—	—	—	1	—
Diseases of the Joints	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Enlarged Tonsils	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Coryza	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Diabetes Mellitus	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Diseases of the Intestines	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Thrombosis and Embolism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Rheumatism	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Cerebral Haemorrhage	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Septicaemia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—
Diseases of the Larynx	3	6	1	2	—	1	—	—	—	—	1	3	—	—	1	—
Diseases of the Eye	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Diseases of Generative Organs ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Mouth	2	1	1	1	1	—	—	—	—	—	—	—	—	—	3	1
	229	264	111	140	82	91	8	6	3	1	12	15	13	11	493	135

The number of new cases admitted during the year (475) was 49 more than the previous year.

The deaths total 27, a mortality rate of 5.47 per cent.

The diphtheria cases were 45 more than the previous year, 106 cases in 1928 and 151 in 1929. There were 9 deaths, being a mortality rate of 5.96 per cent.

There were 77 cases of Scarlatina treated in 1928, as against 23 in 1929. There were no deaths.

There was an increase in the number of cases of measles treated during the year, 73 in 1928 as against 87 in 1929. There were three deaths, being a mortality rate of 3.45 per cent.

The number of cases of Erysipelas treated was 57, as compared with 40 in 1928. There was one death.

The Block has accommodation for 144 cases.

	M.	F.	Total.
In Hospital December 31st, 1928	6	12	18
Admitted during 1929	223	252	475
Total treated	229	264	493
Remaining in Hospital December 31st, 1929.	14	10	24
	£	s.	d.
Total fees received for maintenance	1,312	16	5
Total cost of maintenance	3,190	14	8
Annual cost per bed occupied	151	18	9½
Average daily cost.....	0	8	3 ⁹ / ₁₀
Average total cost each inpatient	6	9	5 ³ / ₁₀
Average daily resident, i.e., per bed occupied, 21.			

LABORATORY OF BACTERIOLOGY AND PATHOLOGY, ADELAIDE HOSPITAL.

STAFF.

Director :

LIONEL B. BULL, D.V.Sc., Melb.

Deputy Director :

E. McLAUGHLIN, M.B., B.S., Adel., M.R.C.P.

Bio-Chemist :

R. J. COWAN, B.Sc.

Bacteriologist in Charge of Vaccine Department :

HELEN M. MAYO, M.D., Adel.

Honorary Pathologist.

JOHN B. CLELAND, M.D., Ch.M., Sydney.

The work of the laboratory is clearly separated into two main divisions, viz., work done for patients admitted to the Adelaide Hospital for treatment and that done for private medical practitioners, boards of health, Stock Department, and other public institutions. All the work in these two main divisions is more or less of a routine character, but wherever possible, research or investigational work is carried out on diseases of man and animals, and also on the improvement of laboratory methods used in the diagnosis of disease. As far as possible this work is summarised in the following table, but this summary does not represent all the activities of the staff, which, in addition, concerns itself in the care and maintenance of apparatus; the preparation of staining solutions, culture, media, &c., for use by students both in the Hospital and at the University; assistance to the Honorary Pathologist in the building up and maintenance of a museum and pathological and bacteriological examinations in connection with the *post mortem* room; the maintenance of a library of current scientific publications on pathology, bacteriology, bio-chemistry, and related subjects.

It is not possible to give a very accurate picture of the activities of the laboratory staff and the work done by giving the actual number of examinations made, for one examination may involve, for example, 10 times the amount of time that another does. For the most part, however, such a summary does convey, particularly to those familiar with laboratory work, some idea of the main activities of the staff.

Summary of Work, 1929.

Adelaide Hospital—

Clinical Pathological Examinations—

(a) Histopathological	616
(b) Blood counts	292
(c) Miscellaneous cell counts, H. estimations, &c.	448
(d) Miscellaneous	137

1,493

Bio chemical Examinations—

(a) Blood Sugar—	
(i.) Single examinations	512
(ii.) Sugar tolerance curves	86
(b) Blood urea nitrogen	269
(c) Test meals	170
(d) Colloidal gold curves	31
(e) Miscellaneous	549

1,617

Bacteriological Examinations—

(a) Throat and nasal swabs	2,071
(b) Sputa	1,009
(c) Urines	882
(d) Smears for gonococci	454
(e) Bloods for Widal reaction	52
(f) Miscellaneous	1,179

5,647

Private Work—

Clinical Pathological Examinations—

(a) Histopathological	335
(b) Blood counts	125

460

Bio-chemical Examinations	155	155
---------------------------------	-----	-----

Bacteriological Examinations—

(a) Throat and nasal swabs—	
(i.) Local Board of Health, etc.	1,189
(ii.) Others	190
(b) Sputa	1,025
(c) Smears for gonococci	349
(d) Bloods for Widal reactions	47
(e) Water examinations	98
(f) Miscellaneous	2,036

4,934

Stock Department—

Routine	340
Special investigations	18

358

Hydatid Complement Fixation Tests—

Hospital	13
Private	9

22

Weil-Felix Reactions—

Hospital	39
Private	14

53

Wassermann Reactions—

Adelaide Hospital—	
(a) Indoor patients	606
(b) Outpatients'	270
(c) Night clinic	465
Private (including 73 examinations from the Repatriation Department)	849

2,190

*Summary of Work, 1929—continued.*Adelaide Hospital—*continued.*

Vaccines prepared—

Adelaide Hospital	133	
Private patients	143	
		<hr/>
		276
		<hr/>
		17,205
Less examinations mentioned twice	—	1,085
		<hr/>
Grand total		16,120
		<hr/>

The *Clinical Pathological* examinations performed for the Adelaide Hospital include—(1) The histological diagnosis of pathological tissues, several of which were immediate examinations performed during operations (such examinations are done in order to help the surgeon in determining the extent and nature of the operation necessary); (2) the examination of urine to detect abnormal chemical and morphological elements; (3) the examination of faeces to detect the presence of abnormal elements; (4) the examination of cerebro-spinal fluid to detect cellular and chemical change (this examination is extremely useful in detecting syphilis of the central nervous system); (5) the examination of the blood to detect the presence of the various anaemias and leukaemias; (6) the examination of material for the detection of *spirochoeta pallida* in the diagnosis of syphilis; (7) the examination of fluids from various cavities and cysts to determine their nature.

The bio-chemical examinations performed for the Adelaide Hospital include—(1) The estimation of the amount of sugar in the blood (this examination is made as an aid to the diagnosis of diabetes, and is made either after a fasting period or after the administration of glucose when several examinations are made to trace the rise and fall in the blood sugar); (2) the estimation of the urea nitrogen in the blood; (3) the examination of the gastric contents after a test meal, either one sample at the end of one hour or smaller samples at more frequent intervals over a period of two and a half hours; (4) colloidal gold curves on cerebro-spinal fluids; (5) chemical examinations of various body fluids.

The *Bacteriological Examinations* performed for the Adelaide Hospital include—(1) The examination of sputum for the detection of tubercle bacilli and other bacteria, and also for hydatid hooklets; (2) the examination of blood for the Widal reaction (this examination is important in assisting in the diagnosis of typhoid fever); (3) the examination of swabs taken from the throat and nose to detect the presence of diphtheria bacilli; (4) the examination of urine to detect the presence of tubercle bacilli, colon bacilli, and other bacteria; (5) the examination of inflammatory fluids, for the detection of bacteria, *e.g.*, pleuritic

fluid for tubercle bacilli ; (6) examination of cerebral-spinal fluid to detect the presence of tubercle bacilli, meningococci, and other bacteria ; (7) the cultural examination of blood to detect the presence of bacteria in the circulation ; (8) the examination of faeces and urine for the detection of typhoid bacilli and other pathogenic bacteria ; (9) the examination of pus for the detection of gonococci, actinomyces, and other bacteria. Bacteria isolated from the various fluids and materials are often used in the preparation of autogenous vaccines.

The *Wassermann Reaction* was performed on Thursday in each week. This reaction is of great value in the diagnosis and treatment of syphilis. The Griffith & Scott technique is employed throughout.

The examinations performed and classified under the head *Private Work* include in the main such examinations as described under clinical pathological, bio-chemical, and bacteriological examinations. Much work was done for the Board of Health. Included in the examinations are also :—Examinations of various foodstuffs for the detection of bacterial contamination ; (2) examination of drinking water to determine its suitability for drinking purposes. Included under this head are regular examinations for the Hydraulic Engineer's Department and for the Adelaide Local Board of Health ; (3) the examination of disinfectants to determine their germicidal power ; and (4) medico-legal examinations.

The routine examinations for the *Stock Department* include—(1) Bacteriological examinations of cow's milk for the detection of tubercle bacilli and other bacteria ; (2) morbid tissues for histopathological examination ; (3) examination of faeces to determine the presence of parasitism ; (4) examination of cow's blood for the diagnosis of contagious abortion by the agglutination test ; (5) specimens removed *post mortem* from animals dying from various causes, &c.

During the year investigations were continued on "swelled head" in rams, and a prophylactic vaccine was prepared and administered to animals in the field. Investigations were also made into diseases of unknown etiology in sheep, poultry, ferrets, and calves.

The Vaccine Department, as well as preparing 277 separate vaccines, also administered inoculations of vaccine to hospital patients. During the year 297 hospital patients were under treatment. The majority of these patients visited the laboratory twice a week during their course of treatment, when they received their injections. In all, 1,597 doses of vaccine were administered ; also 242 doses of tuberculin were given to 12 patients. Vaccines were prepared for 143 patients under the care of private practitioners, and 1,086 doses (including 28 doses of tuberculin and 26 doses of T.A.B. and B.C.C.), and 157 c.c., were supplied in bulk to private practitioners.

During the year the Vaccine Department was asked to undertake the work of testing asthma and hay fever patients for sensitization against various extraneous substances, and to carry out the appropriate treatment. This work was started in August, and from then until the end of the year 40 patients have been tested, and 11 of these have received 125 doses of various extracts.

Summary and Comments.—The figures show that there has been an increase of 1,058 examinations over those made during the previous year. This increase is due mainly to the larger number of examinations made for patients in the Adelaide Hospital. In those examinations classed under clinical Pathology the increase is 57 per cent. Under private work, 659 fewer examinations were made, and this decrease is almost entirely accounted for by the fall in the number of throat swabs received from boards of health and private practitioners.

Towards the end of the year, additions and alterations to the laboratory buildings were started. With these completed the work of the department will be more expeditiously dealt with, and the inconvenience of having patients in the working rooms will no longer be necessary.

VENEREAL DISEASES.—NIGHT CLINICS.

REPORT FOR YEAR ENDED SEPTEMBER 30TH, 1929.

Improved accommodation for the treatment of venereal diseases is urgently necessary.

The Venereal Diseases Act, passed by Parliament in 1920, has not yet been proclaimed. The provisions of the Act could not be effectively carried out until accommodation for the treatment of both indoor and outdoor patients is provided.

It is considered that this Act should be proclaimed as soon as possible, but failing such action in the near future, improved accommodation and facilities for treating patients are necessary at the existing clinic.

REPORT OF OPERATIONS FOR THE YEAR ENDED SEPTEMBER 30TH, 1929.

Male Section.

Surgeon—Dr. G. H. Burnell, B.S., M.D.

Honorary Clinical Assistant—Dr. H. R. Pomroy, M.B., B.S.,
F.R.C.S.

With the increased number of male patients attending, the need for larger and better accommodation is becoming more and more evident.

On some evenings over 100 patients have had to be dealt with, and under present conditions this leads to great overcrowding with hurried treatment.

It is to be hoped that it will soon be possible to carry on this work under conditions suitable for treatment of such large numbers of patients.

The total number of patients for the year was 962, and the total number of attendances was 15,112. There were 251 cases of syphilis and 587 cases of gonorrhoea treated. Not included in the above were 56 persons who had both gonorrhoea and syphilis, and 41 patients attended on account of diseases which were shown to be other than venereal.

Female Section.

Surgeon—Dr. R. F. Matters, M.B., Ch.M., F.R.C.S.

During the past year the work of the Female Night Clinic has increased even further than last year. The number of patients treated each evening being very large indeed. This is to some extent due to the concentration on the syphilitic patients, and this concentration is now producing good results,

evidenced by the fact that during the past three months there has been a marked clearing up of these cases. Shortly it is expected that there will be a large number completely discharged as cured.

The treatment of gonorrhoea is still a difficult problem in a large clinic, but results are better than they were previously.

The new building gives greatly improved conditions for handling and treating cases, and a separate room for special examinations is of the utmost help. The nursing staff has shown great ability, and understand the work thoroughly; this facilitates the work very much.

The total number of patients for the year was 264, and the number of attendances was 5,053. There were 119 cases of syphilis and 100 cases of gonorrhoea treated. Not included in the above were 27 patients who had both gonorrhoea and syphilis, whilst eight patients attended for diseases which on examination were found to be non-venereal.

Attached are details of attendances and statement of expenditure and revenue.

DETAILS OF ATTENDANCES.

		Gonorrhoea.	Gonorrhoea and Syphilis.	Syphilis.	Non-venereal.	Not Diagnosed.	Total.	Attendances.
Males—								
Patients from previous								
year	325	587	56	251	41	33	968	15,112
New patients.....	643							
	—968							
Females—								
Patients from previous								
year	114	100	27	119	8	10	264	5,053
New patients.....	150							
	—264							
Totals.....	1,232	687	83	370	49	43	1,232	20,165

STATEMENT OF EXPENDITURE.

	£	s.	d.
Cost of arsenical injections, salvarsan substitutes, &c.	216	11	8
Cost of drugs, lotions, &c.	145	5	7
Cost of laboratory work—Estimated value—	£	s.	d.
Wassermann tests—Males, 249; females, 216— total, 465, at 9s. each	209	5	0
Examinations of smears—Males, 225; females, 85; Total, 310, at 3s.	46	10	0
Examinations of scrapings—Males, 24, at 5s. each ..	6	0	0
Gonococcus Vaccine—355 c.c. of 1,000 m. per 1 c.c. at £1 1s. 0d. per 10 c.c.	37	5	6
			299 0 6
Cost of salaries—			
Medical officers (2), £150, £75	225	0	0
Resident Medical Officer, three nights weekly ..	97	10	0
Dispenser, three nights weekly	81	18	0
Clerk, five nights weekly	104	0	0
Nurses (4), three at one night weekly, and one at two nights weekly	117	0	0
Porters (5), three at two nights weekly, and two at one night	132	8	0
			757 16 0
			<u>£1,418 13 9</u>
Revenue—			
Patients' Fees	414	17	0
Sale bottles, &c.	10	2	11
			<u>£424 19 11</u>

MEDICAL AND SCIENTIFIC ARCHIVES

ADELAIDE HOSPITAL

No. 12 for the year 1929.

(Supplement to the Annual Report of the Adelaide
Hospital for the Year 1929).

(Supplement to the Annual Report of the Adelaide
Hospital for the Year 1920)

THE
MEDICAL AND SCIENTIFIC ARCHIVES
OF THE
ADELAIDE HOSPITAL.

No. 9 (for the year 1929).

EDITORIAL COMMITTEE :

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THE
MEDICAL AND SCIENTIFIC ARCHIVES
OF THE
ADELAIDE HOSPITAL.

The Archives have now reached their ninth issue. The object of instituting these series was not to publish material that under ordinary circumstances would find its way into some periodical publication such as the *Medical Journal of Australia*, but to work up material of value which otherwise would never be made use of at all. The Committee consider that in a small way the objects aimed at have been achieved, and with more time and more printing space much more data might be published in the future through this channel.

Though occurring just after the completion of the year with which these Archives deal, the Editorial Committee cannot let this occasion pass without expressing their deep regret at the sudden and unexpected deaths of two of their colleagues, Professor Brailsford Robertson, Honorary Consulting Bio-chemist, and Dr. John Corbin, Honorary Surgeon. Both these gentlemen have contributed materially to the advance of knowledge as applied to medical matters, and the State and Commonwealth suffer much from their deaths in the midst of active work.

The present issue follows the arrangements previously adopted and contains in addition a discussion of the lesions met with in accident cases amongst the first thousand *post-mortems* tabulated systematically between the years 1920 and 1925. The tabulating of the second thousand *post-mortems*, 1925 to 1929, is also commenced in this issue.

The Committee are greatly indebted to the Inspector-General of Hospitals, members of the Board of Management, and to the honorary and resident staff for co-operation and assistance in many ways.

I.—HYDATID DISEASE.

1. RUPTURED SUPPURATING HYDATID CYST OF THE LIVER.

(Under the care of Dr. Smeaton, Honorary Surgeon.)

H. B., *æt.* 65, a labourer, was admitted on June 30th with a history of abdominal pain for 24 hours. The pain, which had come on gradually, was generalised and had become progressively worse. It was gnawing in character, and soon after the onset he had vomited. There had been retching at intervals and anorexia. No bowel action and no passage of flatus had occurred since the onset of the pain. Frequency of micturition with dysuria had appeared. He gave a history of similar attacks of pain previously.

Examination showed an elderly man with a temperature of 96° and a pulse of 80. The pulse was of good quality. The tongue was red and glazed with some dark-brown fur, and the breath was very offensive. No definite cardiac or pulmonary abnormality was found. The abdomen did not move with respiration, and palpation gave evidence of generalised tenderness and rigidity. No mass was felt and no abnormality of percussion note was found. Bilateral inguinal herniae were present, but both were reducible. The urine revealed no abnormal constituents. A provisional diagnosis of perforated duodenal ulcer was made and laparotomy performed. A large quantity of turbid fluid was present in the peritoneal cavity, and this contained some material resembling altered blood. There were deposits of lymph on the duodenum and surrounding parts, but no perforation was detected. Abdominal drainage was provided by a tube into the right flank and two through an incision in the left iliac fossa. One of these drained the pelvis and the other the left kidney pouch. The usual stimulating methods were adopted after operation, but the patient failed to rally, and died on July 2nd.

At the autopsy, No. 117/29 (Dr. H. W. Wunderly), the body had a faint yellowish tinge. There were recent operation wounds in the left inguinal region and in the right paramedian position, and an old scar in the right inguinal region. Some pneumonia was present. The liver was firmly adherent to the diaphragm on its upper surface and to the peritoneum on its under surface. The left lobe was small; on the posterior aspect and close to the junction of the quadrate lobe was an hydatid cyst a little larger than a golf ball with some calcification of its wall and with its contents undergoing disintegration. The peritoneal cavity near it contained thick creamy pus, the stomach and omentum being adherent to its surface. There was a large amount of purulent fluid in both kidney pouches, and the peritoneum and omentum were greatly inflamed. The spleen was small and soft. There were no other lesions of moment.

Comment.—Infection had taken place in an old degenerating hydatid cyst, and had spread to the adjacent peritoneal cavity.

II.—MEDICAL CASES.

1. FROHLICH'S SYNDROME, ASSOCIATED WITH A CARCINOMATOUS GROWTH IN THE PITUITARY FOSSA.

(Under the care of Dr. de Crespigny, Honorary Physician.)

F. L., female, *æt.* 55, was admitted on 30th June complaining of ill-health for six months; the ill-health had increased during the seven weeks prior to admission so that she had had to cease her household work at times, because of faintness and weakness. Five weeks before admission she had

had an attack of upper abdominal pain, accompanied by the vomiting of large quantities of bile-stained fluid. She also complained of some vomiting or retching after meals. Her weight had not altered. She was a very stout and pale woman with a tired appearance; there was some nystagmus on looking to the left. The pulse rate was 72, the beats being regular, but very soft, the blood pressure reading being 120/100. The left knee jerk was a little more active than the right, and the left plantar reflex was extensor. Muscular co-ordination was good, and no sensory changes could be detected. The patient remained sleepy and dull, and there was a permanent left-sided ptosis present; the distribution of the fat was typical of dyspituitarism. At times the patient would have a sudden increase in the respiratory rhythm, and the duration of these attacks gradually increased until the 15th July, when the patient was very breathless and weak, and death occurred. A radiograph of the skull had shown no enlargement or deformity of the sella turcica. No papilloedema had been seen. The glucose tolerance test gave a normal result.

At the autopsy (No. 129/29) there was a large amount of subcutaneous and mesenteric fat. There was a small amount of blood-stained fluid in the pericardium, with some pinkish-white elevations on the outer surface of the left ventricle. There was a small growth in the right ventricle projecting into this cavity, and another projecting into the cavity of the left ventricle; these were soft and polypoid, the size of a cherry stone, and were independent of the growths on the outer surface of the left ventricle. All the chambers of the heart were deeply blood-stained. There were some atheroma of the aorta. Anterior to the bifurcation of the trachea was a large encephaloid mass, like soft brain, with similar surrounding masses. The kidneys were soft and congested. There was a soft growth on the outer surface and invading the substance of the right kidney and on the surface of the left kidney was a similar smaller and firmer growth. The pituitary stalk was enlarged with haemorrhages infiltrating its base. Anteriorly there was a dark-brown projection the size of a pea. There was a soft new growth in the sella turcica causing erosion of the posterior clinoid processes. The growth extended laterally to the right into the issues surrounding the cavernous sinus. Sections of the new growth of the pituitary fossa show infiltration with a carcinoma of large cells suggesting a squamous cell epithelioma. There is a fair amount of polymorphonuclear infiltration. The cells are often elongated. In addition there are a number of foamy cells, some without nuclei. The epitheliomatous cells tend to separate in places to form a suggestion of a lumen. Some haemorrhage is also present. There are no cell nests. Some cells contain old blood pigment. The cavernous sinus shows extensive blood clot, and also a number of epitheliomatous cells, often pear shaped. Sections of the heart wall show in places an escape of red cells. There is also a deposit of a squamous cell epithelioma. Sections of the lung show an epitheliomatous deposit. There is a good deal of fibrous tissue and much lymphoid tissue in places. Sections of the right kidney show a similar deposit with some fibrosis. Polymorphonuclear cells are present in the tumor. Sections of the left kidney show extensive necrosis with the cells poorly stained. This growth appears adenomatous; there are some degenerated foamy cells as in a Grawitz, but most of the growth consists of smaller cells tending to arrange themselves round a lumen, suggesting an attempt at tubule formation.

2. PURPURA IN AN ELDERLY MAN.

(Under the care of Dr. de Crespigny, Honorary Physician.)

W. W., male, *æt.* 73, was in fairly good health until 1926, when he began to feel weak and run down. About the beginning of February, 1929, he

collapsed and became unconscious (?). He was put to bed for two weeks, and then sent into the Adelaide Hospital on February 26th. A note from his medical attendant stated that while he was confined to bed the patient had haematemesis, melaena, and haematuria. He had lived with his family and had had a good mixed diet. On admission his temperature was 98°, pulse 72, respirations 20, and blood pressure 120/80. He spoke very slowly and indistinctly, and his mentality was poor. There was blood clot in both nostrils, and a diffuse purpuric rash over the body, legs, and arms. The spleen was not palpable, and the urine contained no abnormal constituents. Soon after admission he became very noisy and restless. His general condition became gradually worse, and he died 12 hours later.

At the autopsy (No. 32/29, Dr. J. B. Cleland) there were small purpuric spots on the trunk, the whole of the lower limbs, and the upper arms. There were also haemorrhages throughout the muscles of the anterior abdominal wall and on the left side extending into the loin. There was some congestion in both lungs. The heart muscle was a little pale, and there was slight atheroma of the aorta. The mediastinal glands were hard, gritty, and dark-grey. In the liver there was some suggestion of cloudy swelling. The spleen was double the normal size, dark-red, and soft. In the kidneys were some atrophic scars, the cortex was a little reduced and pale, the capsules peeled easily. The bladder wall showed prominent trabeculae. Near the caecum, in the ascending colon, was a small extravasation of blood in the submucosa. There was some congestion above this. At the oesophageal entrance into the stomach there was a small nodule the size of a pea in the submucosa. On section it was irregularly opaque and white. The bone marrow (femur) was fatty, practically no redness being present, and that of the manubrium sterni and ribs was red. A film of blood from the ventricle showed numerous large gram positive bacilli, and there were a few blood platelets present. Cultures gave an abundant growth of gram negative and gram positive gas-producing bacilli, contaminants. Blood from the spleen gave on a blood agar plate an abundant growth of non-haemolytic, translucent, large colonies (*B. coli*), and some large, strongly haemolytic colonies (*Staphylococcus albus*).

3. EFFECTS OF NOVASUROL ON THE INTESTINES.

(Under the care of Dr. de Crespigny, Honorary Physician.)

G. M., a male, *æt.* 65, was admitted on the 11th August complaining of swelling of the abdomen and legs for one month. He had previously been in hospital for three months with heart failure, and after his discharge eight months ago he had been comfortable until the swelling of his abdomen appeared. His abdomen had continued to increase in size, and he had become short of breath. He also had a cough, with a fairly profuse yellow expectoration. He had a slight frequency of micturition. When examined he had signs of a considerable degree of myocardial failure, and the abdomen contained a large amount of free fluid. His urinary output did not improve with treatment, and on the 24th August a paracentesis abdominis was performed, 168 ozs. of straw-colored fluid with a sq. gr. of 1004 being obtained. However, the patient did not show any improvement, and he died on 2nd September. On the 21st August he had had 0.5 c.c. novasurol, and this was followed by a profuse diarrhoea, with blood and mucus in the stools.

At the autopsy (No. 73/29, Dr. J. B. Cleland) there was practically no fat. The peritoneal cavity contained 1½ pints of turbid brown fluid, and each pleural cavity contained one pint of similar fluid. The lungs were emphysematous, with some brown induration, except that the base of the left lung was compressed, tough, and airless. The auricles of the heart were

much dilated, and there was some hypertrophy of the left ventricle. The heart muscle was pale, but firm. The liver was much reduced in size, and the surface was irregular, but not hobnail in appearance, and on section was fairly tough. The kidneys were large, and of a dark color, except the interpyramidal cortex which was of a greenish yellow color. The mucosa of the stomach was deeply congested, and the stomach contained blood-stained mucoid fluid. The small intestine was deeply congested throughout, with haemorrhages in places. In the lower ileum the rugae were prominent with eroded haemorrhagic summits. The colon was intensely haemorrhagic, with necrosis in places. The pancreas was harder than normal, and of a yellow color. The bladder was normal. Cultures from the large intestine gave a lactose-fermenting bacillus.

4. CARCINOMA OF THE PYLORUS, WITH FREE HYDROCHLORIC ACID.

(Under the care of Dr. de Crespigny, Honorary Physician.)

J. P., a male, *æt.* 69, was admitted on April 2nd in a very wasted condition, with a history of vomiting after food, loss of weight, and swelling of the abdomen. Examination of his gastric juice showed free HCl, equivalent to 35 c.c. N/10 NaOH. He died nine days after admission, and at the autopsy (No. 59/29, Dr. J. B. Cleland) there was found a carcinoma of the pylorus, with a carcinomatous ulcer. There was also thickening and infiltration of the wall and extension to the serous coat, with extensive peritoneal seeding, especially in the omentum, iliac fossae, and pelvis.

5. SUCCESSFUL GASTRO-ENTEROSTOMY AND PYLORECTOMY FOR GASTRIC ULCER, WITH DEATH FROM HAEMORRHAGE TEN MONTHS LATER, WITH NECROTIC PATCHES IN THE COLON AND RECTUM.

(Under the care of Dr. de Crespigny, Honorary Physician.)

O. C., a male, *æt.* 33, a Norwegian and a wharf laborer, was admitted on the 19th July after having vomited a large amount of blood two days earlier. The patient said he had not felt well since September, 1928, when he had had a gastro-enterostomy performed, together with the excision of the pylorus, which contained an ulcer. His latest symptoms were pain coming on immediately after food and retching. He had been careful in regard to his diet, but he had not had any alkaline powders for five months.

When admitted the patient was pale and showed signs of collapse, but his temperature was 98° F., his pulse rate 80, and he had a blood pressure reading 120/80. With treatment his general condition improved until 23rd July, although he was passing tarry motions, which contained a little bright blood. On the 23rd he was becoming collapsed, and he was given a blood transfusion (700 c.c.), with improvement in his general condition. On the 28th July the patient was feverish and rather irrational; he had a swelling in the area of the parotid gland, and the swelling was hard and tender. Next day this swelling was incised, but no pus was obtained. The patient gradually became worse, and on the 31st he had definite signs of a hypostatic pneumonia; he died that day.

At the autopsy (No. 144/29, Dr. J. B. Cleland) the muscles were of a dark color, and there was little subcutaneous fat. On turning up the transverse colon the jejunum was found attached to the stomach, and there were no surrounding adhesions. The transverse and descending colons were distended with gas. The stomach showed petechiae along the lesser curvature. The gastro-enterostomy opening admitted the tip of the index finger. The pylorus was closed by a supple scar but there was no evidence of any chronic ulceration in the pylorus, duodenum or jejunum. On opening the

large intestine a number of necrotic transverse patches, slightly bile-stained and pigmented with blood, were found, commencing about 30 inches above the rectum, and extending upwards for about 9 inches. It appeared as if ulceration had taken place on the summits of the transverse folds. The lungs showed broncho-pneumonia and hypostatic pneumonia. There was a small irregular patch of necrosis in the anterior wall of the rectum. It was thought that the necrotic patches in the colon and rectum were responsible for the bleeding *per rectum*. Cultures from these sites were negative as regards possible pathogenic organisms.

6. CARCINOMA AT THE DUODENO-JEJUNAL JUNCTION.

(Under the care of Dr. de Crespigny, Honorary Physician)

F. H., female, *æt.* 40, admitted on June 6th had been in hospital earlier in the year when she was thought to have Hodgkin's disease. When re-admitted she was complaining of a painful swelling of her left arm. The patient had a yellow complexion and she was apparently in discomfort with her arm. Her temperature was 98° F. and her pulse rate 88. The spleen was much enlarged and several small glands could be felt in the posterior triangle of the neck. There was a diffuse infiltration of the whole of the left upper limb and the axilla. The skin was red, hot, and very tender. The inflammation was treated with hot fomentations and the patient was given morphia for the pain. Six days after admission the patient still had a good deal of pain in her arm—morphia still being necessary—but the inflammation had gone. The patient was then becoming breathless and with a rapid increase in the breathlessness she died seven days after admission.

At the autopsy (No. 106/29, Dr. J. B. Cleland) there was a slight excess of clear fluid in the pericardial cavity and in the left pleural cavity. There was some brownish discoloration of the lungs. The right auricle was distended with p.m. clot and the myocardium was a little pale. At the splenic flexure was a malignant mass binding the jejunum to the transverse colon. The growth was below the pancreas and just to the left of the duodeno-jejunal junction. There was infiltration of the jejunum. On dissection, the first 4 in. of the jejunum showed in the mucosa raised red malignant deposits especially in the rugae. At the duodenal junction the gut was surrounded by a much thickened malignant mass, causing adherence to the colon. There was a perforation between the colon and jejunum. The probable origin was at the duodeno-jejunal flexure. The pancreas was not invaded, but there were deposits in the glands of the mesentery. The liver was enlarged with much fatty change due to anaemia and with scattered secondary deposits. There were a few scattered nodules on the serous coat of the sigmoid. There was a small polyp about the size of a finger-tip in the uterus.

Sections from the liver show a deposit of a large-cell carcinoma in very large masses. The cells are very irregular and large, some being multinucleated. Mitoses are very numerous. There is no sign of glandular formation. The liver cells show fat and some chronic congestion. The size of the malignant cells resembled liver cells though possibly they arose from aberrant pancreatic or liver-like tissue in the wall of the duodenum.

Sections from the growth show similar large cells and much necrosis. An aortic gland is invaded by similar large cell masses. The intestine shows similar invasion and thickened walls.

7. TETANUS AFTER CONFINEMENT.

(Under the care of Dr. de Crespigny, Honorary Physician.)

J. R., a married woman, *æt.* 18, was admitted on 18th March with the history that she had had a normal confinement on 10th March. Instruments were not used, and she did not have any stitches inserted. She was feeling quite well, the lochia having practically cleared up, until 4 a.m. on the

morning of admission, when she woke up and found that she was unable to speak and that her jaw and neck on the right side were stiff. When she tried to take a drink she bit the side of the glass.

Her temperature was 100.4°, pulse 140, and respirations 20. She was a well-nourished young woman, lying with her head retracted and the angles of the mouth slightly drawn back. She was unable to open her mouth wide without difficulty. While lying down she was unable to bend her head forward, and there was considerable resistance on lifting the head. Nothing abnormal could be detected in the heart, lungs, or abdomen. The reflexes were equal on both sides, and there was no Kernig's sign. The urine contained much acetone. A few hours later the stiffness of the neck became more definite and the abdomen rather rigid. Under chloroform anaesthesia lumbar puncture was performed, and clear fluid, under pressure, was withdrawn. She was given 15,000 units of antitetanic serum intrathecally and 25,000 intramuscularly. She soon recovered from the anaesthetic, but complained of severe abdominal pains. She had no definite spasms. Next morning her condition was much worse, and she now had definite spasms. Lumbar puncture was again performed, and turbid fluid withdrawn. She died during a spasm a few hours later.

At the autopsy (No. 49/29, Dr. J. B. Cleland) the muscles were dark in colour and the blood was still fluid. The uterus was soft and flabby, and rose several inches out of the pelvis. The perineum was intact. There were a few superficial tears in the vagina. The liver and kidneys were a little congested, otherwise normal. There was no abnormality of the heart. The brain showed considerable engorgement of the pial vessels. Near the cerebellum a little speck of doubtful pus-like fluid was present. The uterus was 4½ in. long and 4 in. wide, with soft walls. The cavity was filled with dark blood clot with a peculiar and slightly offensive smell. There was some discolouration of the cervix but no tears. There was a small amount of adherent placenta in the fundus uteri.

Cultures from the brain (the small area of "pus" previously mentioned) by direct inoculation on to a blood agar plate showed three green-zoned colonies of pneumococci and several colonies of *Staphylococcus aureus*. From the surface of the spinal cord, direct inoculation showed 10 green-zoned colonies of pneumococci and several colonies of staphylococci. In the cultures from the intrauterine clot and the wall of the uterus and the vagina no organisms resembling *B. tetani* were seen after 10 days' incubation, but anaerobic cocci were present. In the case of the rectum colon, caecum and ileum no organisms resembling *B. tetani* were seen after 10 days' growth, but *B. Welchii* were present.

Comment.—The material like pus seen on the surface of the cerebellum was probably not pus. Had it been so, extensive meningitis would have been expected and an abundant growth of the causative organism. The few colonies given, of two separate organisms, probably represent contaminations during the removal of the brain.

8. RENAL RICKETS WITH DISTENDED URETERS AND HYDRONEPHROSIS.

(Under the care of Dr. de Crespigny, Honorary Physician.)

J. N., male, *æt.* 15, was admitted on 21st June. He had not been healthy since the age of two years when he had had convulsions. He was accustomed to having frequent headaches and he would often vomit after meals. He easily became breathless and at times he became puffy about the eyes. His appetite was poor.

On examination he was seen to be a thin, sallow-complexioned youth with a pulse rate of 116 and a blood pressure reading of 140/80. His apex beat was just outside the nipple line. The specific gravity of his urine was

1006 and it contained a fair quantity of albumen. His fundi oculorum showed no abnormalities. There was no improvement in the patient's general condition while in hospital. On July 6th he developed a severe acidosis when he had marked air hunger and acetonuria. Venesection (10ozs.) was performed and intravenous saline with glucose was given as well as rectal salines with glucose, but the patient died the following day.

An X-ray examination had been made of the knees, ankles, and wrists soon after admission and the negatives showed changes typical of rickets along the diaphyseal sides of the epiphyseal junctions.

At the autopsy (No. 122/29, Dr. J. B. Cleland) the upper end of the tibia and lower end of femur showed a little irregular change in the epiphyseal line with a little redness on the diaphyseal side. The ribs showed no definite rosary, but were a little thicker than normal at their junctions with the cartilages. The urethra appeared normal, but the left ureter was greatly dilated and the right moderately. There was some resistance to a probe passing down each ureter at the ureteric orifices into the bladder. The pelves and calices of both kidneys were distended and the kidney substance was reduced in amount. The bladder was not hypertrophied or dilated. The thyroid was a little large and pale. The spleen was normal in size and appearance. The thin plates of bones just posterior to the foramen magnum were defective, being replaced by membrane. There was some mucopus in the sphenoidal cells. The testes were small and ill-developed. Cultures from the sphenoidal sinus gave an abundant pure growth of *Staphylococcus albus*.

9. ACUTE LYMPHO-GRANULOMA RESEMBLING HODGKIN'S GRANULOMA WITH INVOLVEMENT OF MEDIASTINAL AND ABDOMINAL AORTIC GLANDS, LIVER, AND SPLEEN.

(Under the care of Dr. de Crespigny, Honorary Physician.)

W. W., male, *æt.* 64, a laborer, was admitted on March 4th. He said he had not felt well for three months, was losing weight, and had had some lower abdominal pain at times. He had no appetite. For two months he had had difficulty in getting his bowels to act and he had noticed that his motions had been black two weeks before admission. On examination the liver edge was felt lin. below the costal margin, and in the left iliac region, which the patient indicated as the site of most of his pain, an indefinitely rounded mass was palpable. The prostate was felt to be a little enlarged, but not hard.

During the first week in hospital the patient was free from pain, but it re-appeared in the second week and was accompanied by an unexplained rise of temperature. A barium meal and X-ray examination produced evidence suggestive of early infiltration in the pyloric area, but a test meal gave a content of hydrochloric acid in the gastric juice. One month after admission the patient was still feeling weak and had the lower abdominal pain at irregular intervals; he also had an occasional rise of temperature and there was some evidence of myocardial failure. Towards the end of April fluid was collecting in the pleural and peritoneal cavities and the patient was becoming weaker. Paracentesis thoracis (11ozs.) and abdominis (33ozs.) were performed on separate occasions, but there was no improvement in the general condition of the patient and he died on May 14th.

The temperature curve (see Chart) shows bouts of fever with high temperatures of a remittent type.

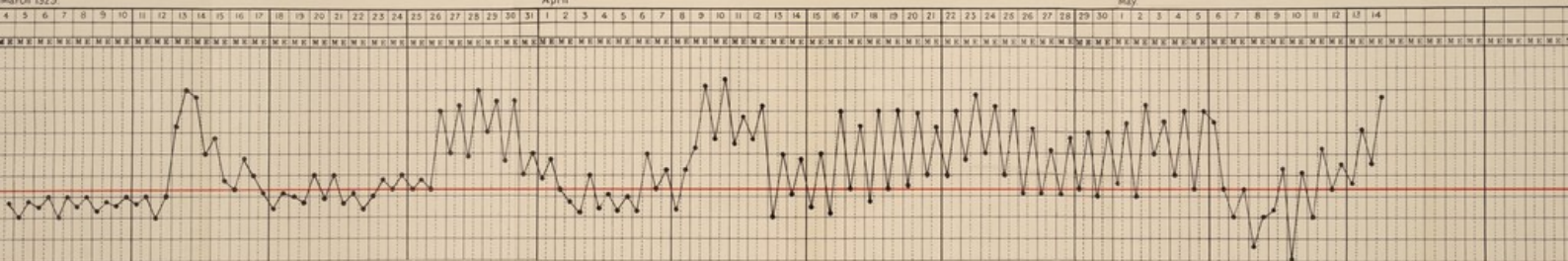
Autopsy No. 84/29 (Dr. J. B. Cleland).—The body was that of an elderly man, the front lower teeth alone present with their roots slightly exposed. There was great oedema of the feet and much oedema of the penis. The body seemed slightly jaundiced. The lungs showed some emphysema, but no other lesions of moment. The heart showed no special lesions. The

GRAPH

March 1929.

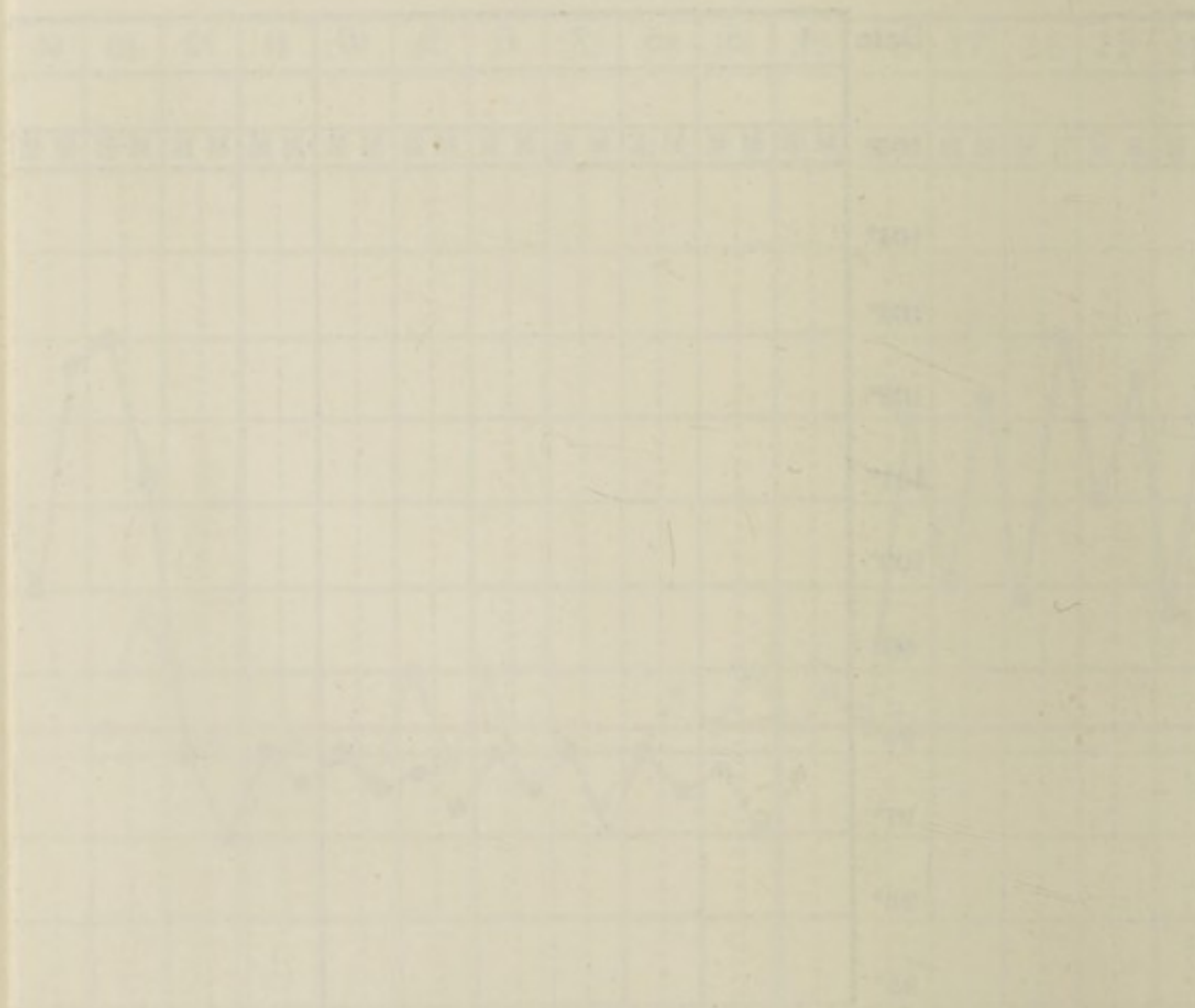
April

May.



TEMPERATURE CHARTS

March 1952



U.S. GOVERNMENT PRINTING OFFICE: 1952

lymph glands near the bifurcation of the trachea were large and juicy and up to 2½ in. long by 1 in. thick. There were also enlarged glands, grey in color and within one a whitish area, on the right side of the trachea above the bifurcation. The bronchial glands were not specially enlarged. The glands along the abdominal aorta were enlarged, in some cases to more than 2 in. long by 1 in. thick and were pale and soft suggesting in appearance those of lymphatic leukaemia. The glands over the sacrum were large and tended to be rather adherent to their surroundings. The mesenteric glands were not enlarged and the axillary glands were not appreciably enlarged. The liver, weighing 55½ ozs., showed slight roughening of its surface and was mottled with irregular paler areas 2 to 3 mm. in diameter; on section it was slightly tough and the cut surface seemed rough with a dark background and pale yellow elevations. The spleen, weighing 14½ ozs., was enlarged and dark red with pale specks, probably enlarged Malpighian bodies; it was not as firm and glazed as in chronic venous congestion. The suprarenal glands showed much congestion. The kidneys, the left weighing 9½ ozs. and the right 9¼ ozs., were enlarged, dark red, and tougher than normal from chronic venous congestion; there was a small dark triangular calculus in the pelvis of the left kidney. The stomach mucosa was dark and congested. The pancreas was normal. The prostate, though normal, was knobby. The testes were normal. The thyroid gland was dark in color. The bone marrow of the femur was rather greyish-red in color.

Microscopic sections of the spleen show in the lymphoid tissue of the Malpighian bodies foci containing multinucleated cells, with several irregular nuclei, and proliferated endothelial cells and lymphocytes. A tendency to necrosis in these foci is occasionally seen, with in one instance degenerated polymorphonuclear cells. Mitoses were seen in some of the giant cells. Abdominal and tracheal lymph glands show many multinucleated cells with fibroblasts, etc. The liver shows dilated capillaries separating the liver columns and also some islands containing multinucleated cells, etc., as in the spleen. The kidneys show some congestion in the glomeruli and probably some cloudy swelling. There was a little hyperplasia of the prostate with the spaces dilated and the lining epithelium somewhat flattened.

Comment.—The histological picture in this case is not absolutely typical of Hodgkin's disease. There is little endothelial hyperplasia, but excessive multinucleated cell formation and eosinophile leucocytes are absent from the sections. As the etiology of Hodgkin's disease is still obscure it is difficult to determine whether cases such as this should be classed under the heading of Hodgkin's disease, but until classification of these conditions is based upon etiology it is expedient to include a case such as this under the heading of Hodgkin's disease.

As regards symptomatology, this is an example of the cryptogenic form of Hodgkin's disease which should always be remembered in cases of pyrexia of uncertain origin. The Pel-Epstein type of pyrexia and the vague abdominal swelling were the most significant clinical manifestations.

10. A CASE OF DIABETES ILLUSTRATING VARIATION OF GLYCOGEN-STORING CAPACITY.

(Under the care of Dr. Ray, Honorary Physician.)

D. B., a young woman, *æt.* 20, was admitted on 17th September complaining of having pain in her left side accompanied by vomiting, headaches, loss of appetite, and discomfort in the epigastrium for four days. She had diabetes for five years previously, and was taking 110 units of insulin daily. During the above attack the patient showed much glycosuria. Except for some slight menstrual irregularity she complained of no other troubles. Previous illnesses included scarlet fever, bronchitis, whooping cough, and measles. The patient was an intelligent young woman, and

understood her diabetic condition as few patients do. On several occasions she had feelings of giddiness after her evening insulin, and had occasionally lost consciousness, from which state she was aroused by the administration of carbohydrates. She was a healthy, well-nourished girl with nothing organically wrong discoverable. The urine was 1028, acid, with much sugar, diacetic acid and acetone. Her weight on admission was 147lbs. A blood sugar taken the day after admission gave the reading of 0.555 per cent. On a diet of 1200 calories with a carbohydrate value of 70 grams of glucose and 80 units of insulin daily she continued to show sugar in the urine for the next four weeks, but although sugar was always present at some time in the 24 hours it was usually absent about 8 p.m. Through this period, with but one exception, the blood sugar remained above 0.31 per cent., and a curve after ingestion of 50 grams of glucose left the percentage at 0.476 after two hours. Starvation for 48 hours on 8th and 9th of October produced no results. Four days later the carbohydrate intake was reduced about 15 grams daily, but the total calorific value was left nearly the same. On this diet the patient became at times sugar free in the whole 24 hours, every specimen of urine being tested. Later it was noticed that the 24 hour specimen gave only a slight reaction, whereas the morning specimen showed almost invariably much sugar and gave also a moderate reaction for ketones. Early in November the insulin was increased to 90 units daily, the carbohydrate intake being 56 grams in 24 hours. Following this there was an appreciable alteration in the amount of sugar present, and for the first time, except as stated above, the blood sugar fell below 0.300 to 0.256 per cent. The condition looked like clearing up until on the 11th a mild upper respiratory infection intervened and was accompanied by much increase in urinary sugar, which now, instead of disappearing towards evening, usually did so about 1 to 2 p.m., and recurred about 7 p.m. Two days previous to the above infection a fasting blood sugar was taken at 9 a.m. two hours after the patient had taken her usual morning 30 units of insulin. She had taken nothing to eat since the previous evening. The blood sugar in this instance was 0.270 per cent. Urinary sugar was absent at 6 a.m. but present at 10 a.m. It may be added that both Burroughs Wellcome and Commonwealth insulin had been given trials of two weeks each without detectable variation.

Since there was a variation of urinary sugar a series of blood sugars was done on the 10th of November. Beginning at 6 a.m. specimens at 70 minute intervals (patient fasting) showed the following percentages:— .256, .333, .323, .323, .312. Each of these was accompanied by much urinary sugar. Up till this juncture the patient had been sleeping outside, and so as to insure that there were no irregularities of diet she was brought inside and confined to bed under close observation for 84 hours. The only result was an increased urinary sugar and the blood sugar rising to 0.323 per cent. The position on the 2nd December was:—The patient was getting 90 units of insulin daily with blood sugars persisting about 0.3 per cent.; she was on a diet with a maximum carbohydrate value of 56 grams a day; her weight, 147lbs. on admission, had dropped to 141lbs. in four weeks, and had remained constant thereafter; her basal metabolic requirements were 1,700 calories a day; and the calorific value of her daily intake was 1,350. It was found that four years ago she was having only seven units of insulin a day.

Since the patient became sugar-free now, from midday onwards till next morning, it was decided to try another series of blood sugars. On the 5th of December just after midnight it was 0.1 per cent. At the same time as this was taken a control was also taken to judge the possible loss or variation in sugar percentage through the acid solution containing the blood standing till examined 10 hours later. There was no difference in

values between the already precipitated blood and the ordinary blood in acid solution. Following the above finding specimens of blood were taken on the 10th December at 12.30 a.m., 7.30 a.m., 10.15 a.m., and 11.45 a.m., showing 0.135 per cent., 0.345 per cent., 0.385 per cent., 0.303 per cent. Thirty units of insulin were given 75 minutes before the last specimen was collected (the patient was fasting). It seemed definite now that at some time in the 24 hours the blood sugar was within normal limits, so the idea of spacing the insulin so as to counteract the early morning rise in the blood sugar was exploited with immediate success. On the 19th of December, at 8.45 a.m., the blood sugar was only 0.178 per cent., whereas previously it had always been about 0.3 per cent. at this time. Later examinations gave even lower percentages. On the 24th of December the patient was discharged on 100 units of insulin daily (entirely sugar free) spaced as follows:—30 units at 2 a.m., 20 at 10 a.m., 20 at noon, and 30 at 5 p.m.

She has reported at intervals since discharge, and on 11th of January had what was almost certainly an attack of hypoglycaemia, which was relieved in the usual manner. Under instructions she has since reduced her insulin to 65 units a day, continuing with the same calorific values as stated above. The insulin is being taken now at only three intervals, 12 midnight, 8 a.m., and 6 p.m. Throughout this period she has been entirely sugar-free except following the heavy ingestion of carbohydrate occasioned by the attack of hypoglycaemia. The blood sugar on January 21st was 0.095 per cent.

11. PIA-ARACHNOID HAEMORRHAGE.

(Under the care of Dr. Ray, Honorary Physician.)

R. N., female, *æ*t. 54, was admitted on 12th April in a semi-comatose condition, from which she could be roused to answer questions and to move her limbs when requested to do so. She complained of a severe frontal headache. The history given by a friend was that the patient had complained of a headache the previous evening and soon afterwards she began to vomit. She then became unconscious and had remained in that condition until admission, some hours later. A doctor outside had attended her, and, having found much sugar and albumen in the urine, he had given her 40 units of insulin for supposed diabetic coma.

When examined she was found to have some oedema of her ankles, and the reflexes in the lower limbs were sluggish, the plantar response being a doubtful extensor one. The urine obtained by catheterisation contained much albumen, slight sugar, and no acetone or diacetic acid. The systolic blood pressure was 160 mm. of mercury. Examination of the fundi oculorum showed the nasal sides of both discs to be swollen, and the margins were indistinct; also there were small haemorrhages on the retina of the left eye, and the veins in both eyes were engorged, and the arteries small and wiry. Lumbar puncture yielded blood-stained fluid under some pressure. By the 15th April there was little improvement, and a second lumbar puncture showed blood-stained fluid under pressure. There was then some relief from the headache, and the patient began to improve a little. The Wassermann reaction of the blood was negative, and the blood sugar on admission was 0.112 per cent. On the 24th April the patient was taking fluids well, and her headache was not severe, and the urine had been free from albumen for several days. Early in May the patient became more drowsy and was irrational at times, but she improved later, and at the end of the month she was comfortable, except for a feeling of weakness, and she was eating and sleeping well. On the 12th June she was complaining of severe headache in the morning, the headache having been present for six mornings in succession. By the 18th June the patient seemed well enough to sit out of bed, but that afternoon, while still in

bed, she was seen suddenly to clutch her head and to commence breathing stertorously. Her color became blue, and she vomited; her pulse was irregular, and she died 10 minutes later.

At the autopsy (No. 108/29, Dr. J. B. Cleland) there was a slight excess of clear fluid in a lax pericardial sac. There was no valvular lesion in the heart. The left ventricle was a little hypertrophied, and the muscles firm in texture and dark in color. There was slight atheroma in the thoracic and abdominal aorta. In the left side of the brain the pial veins were very congested. There was a faint brown discoloration of the posterior part of both hemispheres. Much recent blood clot surrounded the medulla and pons, and filled the interpeduncular space and extended downwards into the spinal canal. There were traces of atheroma in the basilar artery, and considerable atheroma in the right middle cerebral artery. There was some blood clot in the lateral and third ventricles and extending into the fourth ventricle. There was some submucous haemorrhages in the rectum.

12. ANEURYSM OF A VESSEL AT THE BASE OF THE BRAIN FILLING THE CEREBELLO-PONTINE ANGLE AND APING A TUMOR OF THAT REGION.

(Under the care of Dr. Cowan, Honorary Physician.)

L. T., a girl, single, *æt.* 20, stated that about April, 1925, she began to get many sore throats, severe headaches, and attacks of vomiting after every meal. She never vomited between meals. About this time her periods ceased. These symptoms continued for about four months, when she had her tonsils removed, after which the vomiting and headaches ceased. Five months later her periods recommenced. About this time (April, 1926) she noticed that her right eye was "weak," and used to water a great deal. She then began to see double. She was given glasses, but these did little good. Her left arm and leg then became weak, causing difficulty in walking. In November, 1926, her periods again ceased. In April, 1927, she noticed that her voice was different, and found difficulty in talking. Her headaches were gradually becoming worse. In December, 1927, her right eye became shut, and she could not open it. Early in November she had difficulty in swallowing, and fluids seemed to go up into her nose.

On admission to hospital in April, 1928, she was seen to be a young girl who spoke in a high-pitched monotonous voice. There was complete ptosis of the right upper lid, but the eye could be opened slightly with the aid of the frontalis muscle. There was also some proptosis of the right eye. The right pupil was dilated and did not react to light or accommodation. The right eye could be moved outward, but not in any other direction. Nystagnus was present on the outward movement. Examination of the fundi showed a subsiding optic neuritis. The left eye was normal, except for the slight optic neuritis. Hearing in the right ear was less than in the left, and also in the right ear air conduction was better than bone conduction. There was paresis of the left side of the face, the soft palate did not move, and the right vocal cord did not move on phonation. There was paresis of the left arm and leg, with inco-ordination in touching the nose with the left hand. There was no intention tremor. All the reflexes were rather active, but equal, except that the plantar on the right side was flexor and on the left side extensor. There was no Kernig's sign, nor was there any alteration in sensation. On walking she dragged her left leg slightly, but could walk in a straight line. The Wassermann reaction was negative. For several months her condition remained unchanged. She was allowed to walk about and was quite happy, except for occasional headaches and attacks of vomiting. In December, 1928, the headaches and vomiting became more frequent, and her gait was more unsteady. It was finally decided to attempt the removal of the tumor, but at operation this was found to be impossible. She died the following day (January 18th, 1929).

At the autopsy (No. 16/29, Dr. G. H. Solomon) only the brain was examined. There was general oedema of both cerebral hemispheres. In the right cerebello-pontine angle was a rounded cystic tumor about 2 in. in diameter pushing the pons and medulla to one side. On examination later by Professor Woollard, there was found to be a pear-shaped aneurysmal sac, possibly arising from the anterior superior cerebellar artery. There was complete anatomical compression, and probably physiological suppression of the right half of the brain stem from the optic nerve in front to the tenth nerve posteriorly. There was some preservation of the eighth nerve and some of the fifth, particularly the descending spinal tract.

III.—SURGICAL CASES.

1. SQUAMOUS EPITHELIOMA OF THE PHARYNX, COINCIDENT WITH CARCINOMA OF THE STOMACH.

(Under the care of Dr. Smeaton, Honorary Surgeon, and Dr. Jay, Honorary Aural Surgeon).

W. P., *æt.* 60, a laborer, complained of having had a sore mouth for three months. The history obtainable was not particularly good, and pain was the only complaint. This had sometimes been severe enough to keep him awake at night. His weight had been constant. A general examination of the patient showed him to be in good condition. The throat showed a mass in the region of the anterior pillar of the fauces. It was hard, indurated, and fixed, and the surface was flattened. The anterior edge was raised. Behind the angle of the jaw was a mass of enlarged glands, and the sub-maxillary group on the left was also enlarged. Apart from this the only abnormal finding was an inequality of the pupils, the right being larger than the left. A Wassermann reaction was negative.

An operation was performed and diathermy applied to the growth, and then the lymph glands behind the angle of the jaw were removed by dissection. The internal carotid artery was tied during this latter operation. Facial paresis and some degree of alteration of cerebation followed the operation, but the patient's general condition did not suffer very greatly. Trouble with his speech and dysphagia were present at first, but improved. Sloughing from the area treated by diathermy was very extensive, but the patient was fit for discharge after being in hospital for two months. Three weeks after discharge the patient was re-admitted suffering from asthenia and respiratory obstruction. He had a severe cough, which was accompanied by considerable expectoration. Examination on this occasion showed the patient to have lost a considerable amount of weight, and he was greatly asthenic. The whole pharynx was red and injected, and showed on the left a very extensive sloughing area. The tongue was protruded to the left, and there was some degree of trismus. The patient died suddenly three days after re-admission.

At the autopsy (No. 132/29, Dr. J. B. Cleland) a superficial examination showed the patient to be fairly well nourished. To the back of the palate was attached a large malignant growth. The tongue itself was free. There was extensive dense infiltration and hardness in both tonsillar areas extending backwards to the oesophageal opening. The surface of the pharynx was somewhat eroded. The epiglottis while not infiltrated was oedematous, as also were the aryteno-epiglottidean folds. In the lesser curvature, about its middle, was a malignant growth. In its upper part it showed a fungating mass 1½ in. long and 1 in. in depth. Below it was an extensive indurated raised area. The extension was also seen on the peritoneal aspect and in the great omentum was a small secondary deposit the size of a walnut. The brain showed a slight collection of fluid in the meshes of

the pia-arachnoid. There was a patch of softening above the posterior limb of the Sylvian fissure a little behind the Rolandic fissure. This change was superficial. There was secondary softening of the left hemisphere following tying of the carotid. There were no changes of importance in the other organs examined.

Microscopic examination showed a typical squamous epithelioma with cell nests deeply invading the tissues of the pharynx. The projecting mass in the stomach showed irregular tabules often distended with mucin and sometimes forming small cysts suggesting a polyp that had become malignant. The base of the ulcer showed infiltration by numerous carcinomatous cells, sometimes in large masses, sometimes in columns or as single invading cells, with a tendency to tubule formation; in places there was moderate fibrosis and mitoses were numerous.

Comment.—The interesting feature here is the occurrence in a florid state of two primary and quite independent carcinomatous growths. There is a general impression that the development of one malignant growth tends to inhibit in some way the independent occurrence of a focus elsewhere, either of the same type of carcinoma or of a different type. It is possible, however, that any such inhibitory action, if such really occurs, may not manifest itself when the two independent growths are practically simultaneous in origin. Such simultaneous development may have occurred in this case.

2. INTUSSUSCEPTION PRESENTING AT THE ANUS IN A MIDDLE-AGED MAN—RECOVERY.

(Under the care of Dr. A. Britten-Jones, Honorary Assistant Surgeon.)

S. G., *æt.* 48, a laborer, presented himself at hospital complaining of severe abdominal pain for seven days and a lump appearing at the anus four hours before. He gave a history that on two previous occasions he had had attacks of abdominal pain associated with the passage of blood and slime from the bowel. On this occasion the pain was present for four days before he was compelled to desist from work, and at this time he noticed blood and slime in his motions. For 48 hours he had not passed a motion. Between the attacks described his bowels acted regularly and without difficulty.

On admission he was suffering somewhat from shock. His tongue was furred, and the abdomen was full and rounded and of normal contour. On palpation a mass was felt in the line of the large bowel, running from the hepatic flexure to the left iliac fossa. The right iliac fossa appeared empty. Projecting from the anus was a red, smooth mass about the size of a cricket ball. No definite orifice could be found, but the finger could be inserted into the rectum alongside the tumor and carried right round the tumor. The diagnosis of intussusception was made and abdominal section performed. It was found that the intussusception started from the ileo-caecal valve, which presented beyond the anus. After considerable difficulty the intussusception was reduced, dense adhesions being found at the last 6in. When reduction was complete the bowel wall was found to be thickened and coated with adhesions and lymph. No vessels could be seen going to the bowel, and it had lost its elasticity. The condition of the bowel was regarded as hopeless. Abdominal drainage was provided. The patient rallied quickly from the operation, and the passage of flatus and faeces was restored within 24 hours, and continued without interruption until his discharge three weeks later.

3. SARCOMA OF THE MESENTERY WITH HAEMORRHAGE AND VOLVULUS OF THE SMALL INTESTINE.

(Under the care of Dr. Lindon, Honorary Assistant Surgeon.)

A. O., *æt.* 47, a caretaker, was admitted complaining of abdominal pain for 14 days. The pain had been sudden in its onset, but variable in intensity, and had been first localised just above the umbilicus. Vomiting

did not accompany the pain, which made the patient very restless. For two or three months he had suffered from indigestion, which consisted of epigastric discomfort and flatulence coming on shortly after food. The patient was usually constipated, but had a satisfactory bowel action on the day before admission. A previous admission, two weeks before, records that he was treated for chronic constipation, and while in had an attack of abdominal pain, which was diagnosed as intestinal colic.

On examination a thin, pale man of middle age was seen lying restlessly in bed. He was suffering somewhat from shock, the tongue was dry and furred. When examined the abdomen was held immobile with respiration, and there was generalised rigidity of the abdominal wall. The maximum tenderness was in the epigastrium. There were no other physical signs elicited on examination. A diagnosis of ruptured duodenal ulcer was made and laparotomy performed. The mesentery was found to contain a tumor about twice the size of an orange, and this was surrounded by blood arising from haemorrhage in the tumor. The mass was situated 9in. from the duodeno-jejunal flexure. Accompanying this condition was a volvulus in the small intestine. There was a considerable degree of enlargement of the mesenteric lymph glands. The volvulus was unravelled and the tumor, with the part of the intestine related to it, was resected and entero-anastomosis performed. The usual post-operative measures for a high intestinal resection were followed, and the patient passed through an uneventful post-operative period. He was discharged three weeks after admission feeling quite well. The microscopic examination of the growth by Dr. L. B. Bull showed it to be a spindle-celled sarcoma.

His subsequent history is as follows:—He returned to work in the latter part of 1929. In April, 1930, he was crushed by a horse in the lower abdomen. This evidently ruptured portion of his left lower obliqui abdominis. He had been given deep X-ray therapy by Dr. J. S. Vereo for the Cancer Committee. When seen in July, 1930, at the Outpatient's Department, there was no abnormality to be felt or observed in his abdomen, and his weight was increasing.

4. INFECTED TOOTH SOCKETS AND ABSCESS OF THE LUNGS AFTER TOOTH EXTRACTION WITH A FATAL RESULT.

(Dr. J. B. Cleland, *Honorary Pathologist*.)

J. N., a male, *æ*t. 72, was admitted under Dr. Corbin on April 22nd, and died on April 28th. The history given was that he had had all his teeth removed for pyorrhoea two weeks before admission. Soon afterwards the right jaw began to swell and become tender, the breath became foul, and an abscess was opened. On examination pus was found exuding from the tooth sockets and an abscess was opened in the lower jaw and the pus evacuated. The patient gradually became worse. His temperature was subnormal till just before death, when it rose to 100.2°.

Autopsy No. 72/29 (Dr. J. B. Cleland). The sockets of the upper teeth were fairly clean. The front teeth had been removed from both jaws, except one lower left molar. The lower jaw showed a discolored sloughing condition of the gum, especially on the right side, with the bone exposed on the outer aspect and a pocket separating the gum from the alveolus. There were two incisions over the right side of the lower jaw connecting the exposed bone with the outside of the chin. In the right lung the lower and middle lobes were dark-red, and showed small petechiae and some small indefinite abscess cavities with pneumonia. There was also some secondary pneumonia in the left lung. The appearances in the lung were those presented by early pyaemic foci. The spleen was enlarged to several times the normal size, was dark-red and soft, and weighed 12ozs. There were no other lesions of moment. *S. aureus* was grown from the lung and from the gum. Death was attributed to toxic absorption, following a *S. aureus* infection of the tooth sockets and secondary pyaemic pneumonia.

IV.—OBSTETRICAL AND GYNAECOLOGICAL CASES.

1. POST-ABORTUM INFECTION WITH BACILLUS WELCHII.

(Under the care of Dr. R. Magarey, Honorary Gynaecologist.)

H. P., æt. 27, was admitted on 13th July complaining of an illness of four days' duration, which had commenced with a severe flooding. The loss had continued afterwards, but since curettage two days before admission it had subsided somewhat. Since the operation she had had abdominal pain. There was no obstetrical or menstrual history of importance, and the patient had been about two months' pregnant. From the onset of the illness the patient had vomited, and she had cold shivers on the day of admission.

On examination the temperature was 101° and pulse 128. Both breasts showed signs of commencing physiological activity. The abdomen was distended, but there was no tenderness or muscular rigidity. Examination *per vaginam* revealed a blood-stained discharge and the cervix was soft with the os patulous, while the uterine body was anterior in position, globular in shape, and tender. It was movable. In the right fornix there was an indefinite fulness but the left showed no abnormality. As *Bacillus Welchii* infection was suspected, the routine curettage was not performed. The immediate treatment given was the administration of pituitrin 1 c.c. and the instillation of 15 c.c. of glycerine into the uterine cavity, after which the vagina was plugged with iodoform gauze. Sixty c.c. of antistreptococcal serum was given. The second day in hospital found the patient with a normal temperature and a slightly reduced pulse rate, but later she had a rigor. The urine, which was very limited in amount, contained much albumen. Stimulants were ordered and 90 c.c. of the serum given. On the third day the temperature was again down, but the patient was extremely ill, and the urine contained gross blood as well as much albumen. She died on this day. Towards the end evidence of jaundice became manifest. No blood culture was made.

At the autopsy (No. 131/29, Dr. J. B. Cleland) the whole body showed a general icteric tinge, being more greenish on the front of the abdomen. The uterus was rising above the rim of the pelvis, a bulge being present on its posterior wall. The uterine os would admit one finger. It was irregular. There were some blood-stained fragments protruding from the os. On incising the uterus it was found to contain red necrotic foul-smelling material. The uterine wall was hypertrophied and posteriorly showed infiltration of a reddish purulent-looking area. Below this were some cavities with purulent contents. These cavities were regarded as venous sinuses or abscess cavities, but were probably blood vessels. The spleen was enlarged to about three times its normal size, was soft and dark-red. The liver was much enlarged and showed a number of pale areas. On section it showed a foamy appearance. There was mottling and congestion of the renal parenchyma, especially in the medulla. The other organs examined showed no gross abnormality.

Cultures were taken from the kidneys, spleen, liver, uterus, gall-bladder, and bowel. Films showed large gram positive rods in all of them. Cultures from each source yielded an abundant growth of *B. Welchii*, producing a "stormy clot" in milk.

Microscopic sections of the uterus showed in places many degenerated polymorphonuclear cells imbedded in some exudate with fibrin on the free surface of the mucous membrane. There were also in the same situation areas showing loss of nuclear staining probably due to the presence of the toxin of *Bacillus Welchii*; in the wall itself there was no evidence of such toxic action. In the liver were occasional areas also with loss of nuclear staining; some showed numerous rods like *B. Welchii*. The kidney showed

granular haemoglobin casts and red cells in some of the tubules and also some crystalline-looking bodies filling certain small tubules. The casts were also present in the concoluted tubules. There was considerable congestion and cloudy swelling. The capillaries in the glomeruli seemed practically empty and the tuft a little shrunken.

2. POST-ABORTUM SEPSIS, WITH INFECTIVE SOFTENING IN THE OCCIPITAL LOBE OF THE BRAIN.

(Under the care of Dr. K. Beard, Honorary Gynaecologist).

A. B., *æt.* 46, complained of irregularity of her menses for four months, followed by the continual loss of clots, *per vaginam*, for six days immediately prior to admission. This had been accompanied by abdominal pain. There was nothing of note in the obstetrical history, but she had had one abortion at six weeks four years before. The menstrual history was that the patient's periods were usually irregular, and were accompanied by considerable loss and mid-abdominal pain. On examination the temperature was 97°, pulse 120, and respirations 24. She was very anaemic. Secretion was found in both breasts, but abdominal palpation revealed no abnormality, apart from the mid-line uterine tumor reaching to the umbilicus. On pelvic examination blood and clots were found in the vagina, the cervix was soft and dilated, and the uterine body enlarged. The vagina was packed as the initial treatment, and the day afterwards the uterus was curetted, and definite placental remnants were removed. On this day the patient ran a temperature up to 99.6°, and until her death this became progressively higher, reaching 104°. The general condition of the patient deteriorated rapidly, and she was completely irrational from the day after admission until her death five days later.

At the autopsy (No. 118/29, Dr. J. B. Cleland) the uterus was found to be retroverted, but of normal size. The os was transverse from an old laceration. The interior showed a little doubtful pus in the mucous membrane. On the right ovary an hydatid of Morgagni, the size of a marble, was found. A small, but old, corpus luteum was present in the left ovary. The vessels at the base of the brain were atheromatous. About 2in. anteriorly to the posterior pole of the left occipital lobe, and approaching close to its outer surface, was an irregular cavity the size of a walnut, filled with a somewhat purulent-looking material. The valvular orifices of the heart were found to be dilated, and the muscle was flabby and rather pale. The coronary vessels and aorta were free from atheroma. There was emphysema of both lungs. The spleen was about double its normal size, reddish in color, and slightly softened. A chronic post-pyloric ulcer, with surrounding induration, was found. There were evidences of cloudy swelling in the liver. The spleen was about twice its normal size, weighed 8ozs., and was a little soft and reddish-vinaceous in color. Cultures on blood agar plates from the spleen, the uterus, and the brain showed a pure culture of a haemolytic streptococcus from each source. They were extremely abundant from the brain, abundant from the spleen, and scanty from the interior of the uterus. These were found to belong to the *S. pyogenes* Group 1.1. (Brown).

V.—EAR, NOSE, AND THROAT CASES.

1. TWO CASES OF GROWTHS OF THE NASAL SEPTUM.

(a) SCHNEIDERIAN ADENOMA OF THE NASAL SEPTUM.

(Under the care of Sir Henry Newland, Honorary Surgeon.)

B. B., *æt.* 18, attended hospital complaining of a swelling in the nose of 10 years duration. This had been accompanied by blocking of the nose, especially on the right side. For 12 months the patient had suffered from severe headaches and a nasal and post-nasal discharge. The swelling in the nose had shown a progressive but slow increase in size.

On examination, a reddish tumor was seen high up on the right side of the septum and pus was found in the middle meatus on each side. The tonsils showed chronic inflammation, but the ears revealed no abnormality. A radiograph of the sinuses revealed a peripheral opacity in both antra. A section of the growth was removed and the following report was furnished:—"Sections show an infiltration by a carcinoma derived from one of the glands of the nasal cavity, showing a tendency to tubule formation. Malignancy definitely more aggressive than that of a rodent ulcer." Subsequently the pathologist reviewed this opinion and thought that it was non-malignant and adenomatous in nature. A consultation was held and operation was decided on and performed. At the operation the growth and part of the septum were removed. The growth was found to be in the substance of the septum and reached almost up to the bony septum from about $\frac{1}{2}$ in inside the external nares. The surface was smooth and was covered with nasal mucous membrane. Further sections were examined and the following was the report:—"Sections show an epithelial new growth. The tumor is circumscribed and fairly dense. The epithelium is arranged in alveolar and reticular fashion with a well-developed fibrous stroma separating the epithelial masses. The tumor cell is spheroidal, cubical, and sometimes spindle-shaped and sometimes arranged in acinar form. There are many small cystic spaces filled with a homogeneous material taking the acid stains. The tumor resembles histologically some palatine adenomata. It is apparently benign and is possibly a Schneiderian adenoma."

(b) GUMMATOUS (?) GRANULOMA OF THE NASAL SEPTUM.

(Under the care of Dr. Glynn, Honorary Clinical Assistant, Aural Department.)

B. M., *æt.* 20, complained of blocking of the right side of the nose of six weeks duration. Headaches were present and severe. Examination revealed a granulomous mass attached to the right side of the septum and somewhat polypoid in character. It was removed by a nasal snare and subjected to a pathological examination, the report being as follows:—"Section shows a granuloma. There is no definite evidence of any tuberculous inflammation. The reaction resembles more a gumma." A Wassermann reaction taken subsequently gave a positive result.

VI.—PATHOLOGICAL CASES.

1. RED BEEFY LUNG AND AMYLOID KIDNEYS.

(Reported by Dr. J. B. Cleland, Honorary Pathologist.)

F. N., male, *at.* 54, was brought to hospital in a moribund condition and died in the consulting room before an examination could be made. It was stated that he had been ill for one week and that he had not been seen by a doctor before admission.

At the autopsy (No. 119/29) he was seen to be a middle-aged man with hair not yet grey, and there was a fairly thick layer of subcutaneous fat. There were some adhesions over both lungs and a large "tumor" was present in the lower and posterior part of the left thoracic cavity extending from the diaphragm to the third rib. This proved to be the consolidated lower lobe which had become completely separated from the upper lobe. On the posterior part of the upper lobe were some small consolidated areas and much oedema and congestion. The lower lobe was completely solid, dark red, and glistening, apparently from an organised pneumonia. There were a number of small white specks present which were thought to be either bronchioles or miliary tubercles. Some of the upper lobe of the right lung was emphysematous with firm and fibrotic marble-sized nodules in the interlobar fissures and the lower lobe was oedematous and congested.

The heart muscle was good. The spleen and the liver were congested and there were early interstitial changes in the kidneys.

Microscopic sections of the lung show an organising exudate in many alveoli which has reached the stage of showing capillaries filled with blood. The original matrix is still recognisable, the bronchioles are filled with degenerated polymorphonuclear cells, some fibrin is still left in the alveoli in places; and there are some shed alveolar cells. The kidney shows a general diffuse fibrosis with groups of much dilated tubules and with round cells in places below the capsule and advanced amyloid disease of the glomeruli and in places in the medulla calcified hyaline bands. A number of hyaline-looking casts are present.

Comment.—This case is of interest from several points of view. He was admitted moribund after a week of illness not sufficiently severe to require calling in a medical man. His organised pneumonia must, however, have antedated this recent illness by many weeks. It is probable that the amyloid disease of the kidneys was a result of the lung condition rather than that the pulmonary changes were facilitated by the amyloid change. Evidently the extensive changes in the lungs, after a possibly obscure pneumonia, were almost masked as regards symptoms until his final short illness.

2. GIANT-CELLED GROWTH OF THE ABDOMEN.

(Under the care of Dr. de Crespigny, Honorary Physician).

M. C., a female, *æt.* 64, was admitted on 28th May complaining of a lump in the neck; it had been present for seven months, and was becoming larger. Four years previously a similar lump had been present in the same position, but it had disappeared "with poulticing." There was no pain in her neck, and the lump did not interfere with movements of any kind. She had been losing a little weight, but she had a good appetite.

Examination showed a healthy-looking woman, with a fullness in the left supra- and infra-clavicular regions, where a mass could be felt extending below the clavicles. Its size was 3in. x 2in., and it seemed at least $\frac{1}{2}$ in. in thickness; it was stony hard, and the surface was irregular; it moved from side to side, but not vertically, and it was adherent to the skin over it; there was no movement of the mass with deglutition. There were numerous hard, enlarged lymph glands above the mass, but there were no glands palpable in the axillae. The liver edge was palpable 2in. below the costal margin, but no irregularity could be felt. An indefinite mass, moving with respiration, could be felt in the epigastrium; it was not tender. Sections of a lymph gland from the region of the mass in the neck showed a deposit of a carcinoma of probably gastric origin, but an opaque meal gave no evidence of organic disease in the stomach or duodenum. The patient remained comfortable, and radium was applied to the neck, with the result that there was some decrease in the hardness of the lymph glands. Later the patient complained of abdominal discomfort and weakness, and in the middle of August the abdomen was becoming very distended. She then developed a right-sided lobar pneumonia, and died on the 25th August.

At the autopsy (No. 170/29, Dr. J. B. Cleland) extensive malignant deposits were present in the peritoneum, and there were large glands along the abdominal aorta. The liver contained secondary deposits with necrotic centres and a peripheral radiating rim of living cells, presenting a remarkable mulberry-looking appearance. The diameter of the nodules varied from a few mm. to 2½cm. There were enlarged malignant glands in the root of the neck and in the thorax along the aorta, and the glands at the root of the lung showed secondary deposits. There were also malignant deposits in the right kidney. There appeared to be some malignant infiltration of both lungs. At the beginning of the jejunum there was an irregular ulcer 2in. in diameter with a raised edge, apparently malignant. Microscopic section

of the kidneys showed a neoplasm, with multinucleated cells greatly resembling a myeloid sarcoma. Some of these cells had only three or four nuclei, but others had 14 and even as many as 21 situated in the centre of a large mass of protoplasm. Occasionally the nuclei were arranged around the edge of the cells. The cells in between varied in shape, their nuclei being usually elongated. There was some infiltration with leucocytes. The liver showed a tumor with similar appearances and with large areas of central necrosis, many of the dead cells being still recognisable; there were many multinucleated cells; by van Gieson's stain some pink strands were seen between the elongated cells. The lungs showed a secondary deposit with multinucleated cells, and also pneumonic consolidation, with fibrin and polymorphs; the exudate in the alveoli had shrunken in places. An aortic gland showed a secondary deposit, with a moderate amount of fibrous tissue.

3. UNSUSPECTED EARLY FIBRO-SARCOMA OF THE KIDNEY IN A PATIENT WHO DIED OF MITRAL STENOSIS.

(Under the care of Dr. de Crespigny, Honorary Physician.)

C. C., female, *æt.* 48, an invalid pensioner, was admitted on 24th July in a very distressed condition. Her breathing was rapid and short, she was cyanosed, and her pulse was imperceptible. She could not speak, but a relative said that the patient had had a bad cold for a month, and two hours before admission she had suddenly developed the condition she was in when admitted; she had suffered from heart trouble. When examined, the chest, on auscultation, gave very numerous râles and the rhythm of the heart could be heard to be irregularly irregular. The ankles were oedematous. There was no improvement with treatment (pituitrin, atropine, and venesection), and the patient died three hours after admission.

At the autopsy (No. 137/29, Dr. J. B. Cleland) there was found a considerable amount of pleural fluid and a slight excess of pericardial fluid. At the apex of the right kidney was a small projecting rough growth, considered neoplastic, $\frac{1}{4}$ in. in diameter. The kidneys were dark-red; the capsules peeled, leaving a few coarse depressions; there were slight interstitial changes as well as chronic venous congestion, and at the apex of the left kidney was a small cyst with glairy contents. The right auricle of the heart was considerably distended, and there was some hypertrophy of the right ventricle, with dilatation and hypertrophy of the left auricle. The mitral orifice was a button-hole-like slit with some calcification on its posterior aspect. The left ventricle was not hypertrophied, and the aortic cusps were normal.

Microscopic examination of the neoplasm in the kidney shows what appears to be a fibro-sarcoma which has apparently arisen in the capsule. There are many thick-walled vessels present, and the tumor cells are arranged in bundles and whorls somewhat suggestive of a fibro-myoma.

4. SMALL ATHEROMATOUS ANEURYSMS IN THE ILIAC ARTERY IN A PATIENT WHO DIED FROM CEREBRAL HAEMORRHAGE WITH EXTENSION TO THE PIA MATER.

(Under the care of Dr. Burston, Honorary Physician.)

S. C., male, *æt.* 80, was admitted on April 28th in an unconscious state. He had suddenly become unconscious after complaining of a heavy feeling in his head for several hours. He had also complained of pain in the back of the neck and blurred vision lasting a few minutes. The patient's breathing was stertorous, and he was quite unconscious. His temperature was 95.4° F., the pulse 84 and irregularly irregular, and the blood pressure 150/84. Both pupils were very small, and there was some reaction to light. There was no obvious facial paralysis. The heart was not enlarged, but there were some moist sounds in the lungs. Both arms were spastic,

the right more so than the left, but the reflexes were more exaggerated on the left arm. Both legs were spastic also, the right more than the left, and the left knee jerk was the more active. No plantar reflexes could be elicited. There was some oedema of the ankles. The urine contained much sugar.

The day after admission the patient could be made to move his right arm by pressure on the supra-orbital nerves. No reflexes could then be obtained in the legs. Lumbar puncture gave blood-stained fluid under pressure. On one occasion the right side of the face and the right arm were noticed to twitch, and on another the left arm and leg and the face twitched repeatedly. The next day he was still unconscious, but he could move his right arm to rub his forehead occasionally. On the third day he died without recovering consciousness.

At the autopsy (No. 77/29, Dr. J. B. Cleland) there were adhesions all over the left lung and some at the apex of the right lung. On removing the skull cap there was no sign of fracture. Blood had extravasated from the outer aspect of the right hemisphere and about the base, and was mostly enclosed in the meshes of the pia arachnoid. There was much blood clot in the right Sylvian fissure. The vessels of the Circle of Willis showed a few patches of atheroma. There was very extensive haemorrhage in the right side with clot and fluid blood in the descending horn of the right lateral ventricle, and the haemorrhage extended outwards and forwards to the outer aspect of the optic thalamus. The heart muscle was a little pale, and there was slight atheroma of the ascending aorta. The kidneys were small, the cortex was diminished in size, and there was some senile fibrosis. The abdominal aorta was very atheromatous, with blood clots on some of the patches. There were two small aneurysms, the size of marbles, with laminated clot at the commencement of the right internal iliac artery, probably due to the giving way of atheromatous patches, as illustrated by an area on the lower portion of the abdominal aorta. There were a number of haemorrhages in the submucosa of the bladder.

5. A CASE SHOWING PADS OF ADIPOSE TISSUE IN THE THIGHS.

(Under the care of Dr. J. Corbin, Honorary Surgeon.)

The patient, C. W., æt. 67, was admitted complaining of frequency, dysuria, and occasional haematuria. On examination the cause for the symptoms was found to be an epithelioma of the anterior vaginal wall, very close to the urethral orifice. This was accompanied at the time of admission by a slight purulent discharge from the vagina and a low-grade cystitis. Treatment was adopted for the bladder infection, and radium therapy was employed for the new growth. Some improvement followed this latter measure, but the urinary infection was progressive, and finally the patient gave definite evidence of a pyelonephritis. She died as a result of this condition.

At the autopsy (No. 177/29, Dr. J. B. Cleland) fatty pads, which were found to be not separable from the rest of the tissues, were present on the inner sides of both thighs and knees, and a larger mass in the right thigh was definitely a lipoma. In association with this change were found a foul cystitis and pyelonephritis; these were secondary to a squamous-cell epithelioma of the urethra. There were some superficial ulcers in the rectum, and a small angioma in the upper surface of the left lobe of the liver. A small hard nodule was discovered in the gastric mucosa, and a fibrotic gall bladder contained two gall stones, one being composed of cholesterol and the other of bile pigment. A uterine fibro-myoma the size of a golf ball was present, and also a moderate degree of hydrosalpinx on the right side.

6. INTENSE AMMONIACAL DECOMPOSITION OF THE URINE.

(Under the care of Dr. de Crespigny, Honorary Physician.)

(Reported by Dr. J. B. CLELAND, Honorary Pathologist.)

J. B., a male, *æt.* 45, school teacher, was admitted on the 27th April with retention of urine. He had been attended by a doctor before admission, and a note sent with the patient explained that the latter had been suffering from pulmonary tuberculosis for a number of years (he had a positive sputum). Two days before admission he had a sudden complete retention of urine, and he was catheterised. The next day it was again necessary to catheterise the patient, and he was then sent to the Adelaide Hospital. When admitted the patient was wandering in his speech and could not give a reliable history. On examination he was found to have a temperature of 100° F., with a pulse rate of 96. Auscultation of the chest gave breath sounds, cavernous in type, over both lungs, and occasional crepitations could be heard, especially on the left side. The bladder was distended, the fundus being half way between the pubes and the umbilicus. The patient soon became quite irrational and passed urine and faeces under him. He died 24 hours after admission. He had been catheterised after admission, and the urine had a specific gravity of 1016; it was alkaline in reaction, and contained a large number of pus and blood cells.

The autopsy (No. 73/29) showed extensive pulmonary tuberculosis with cavitation and ulcers in the colon. In addition there was a haemorrhagic cystitis, the walls of the bladder being intensely congested with haemorrhagic specks. At the *post-mortem* the smell of ammonia was so strong as to be almost overpowering. This ammoniacal smell had been noticed, although not to the same extent, during the life of the patient. The material from the bladder was added to 200 c.c. of sterile urine from another patient and incubated, but no conversion of urea into ammonia was detected.

Comment.—The intensity of the ammoniacal decomposition was unusual. Death was attributed to exhaustion from the pulmonary tuberculosis, but the drowsiness may have been in part due to the large amount of ammonia being formed in the bladder.

7. NODULE OF PANCREATIC TISSUE IN THE PYLORUS.

(Reported by Dr. J. B. Cleland, Honorary Pathologist.)

A. L., a woman, *æt.* 32, was admitted under Dr. de Crespigny on April 13th, and died on May 23rd. Her blood pressure was very high (280/170). At the autopsy (No. 67/29) the heart was found to be much hypertrophied, and she had died from cerebral haemorrhage. The kidneys were practically normal. At the pylorus was found a projecting nodule about $\frac{1}{4}$ in. in height, with its summit somewhat depressed. Microscopic examination showed the presence of two areas of pancreatic tissue, but lacking definite islands of Langerhan. There were a number of duct-like spaces between the pancreatic tissue which were lined by tall columnar epithelium with goblet cells. Some of the ducts were dilated into spaces; they extended into the muscular coat. In addition there was a cherry-sized polyp on a long pedicle 15 in. beyond the caecum.

VII.—A RESUME OF 135 CASES OF ACCIDENT CAUSING DEATH IN 1,000 CONSECUTIVE POST-MORTEM EXAMINATIONS.

(By Dr. J. B. JOSE, Honorary Surgeon).

The high proportion (13.5 per cent.) of accident cases in the 1,000 autopsies is accounted for by the fact that a greater proportion of these cases are compelled to be examined for legal purposes. They have been classified in

the following table according to the site and nature of the injuries, giving the total number of cases of each lesion found, and also the number of cases of each lesion which was the principal cause of death.

The series of 135 cases includes:—

Seven cases due to the remote or immediate effects of the administration of anaesthetics;

Seven cases of self-administration of poison; and

One case of asphyxia from a foreign body in the larynx of a child.

	Principal Cause of Death.	Total Number of Cases.
1. <i>Injuries to the Head</i>	64	68
*Fracture of skull. Brain injury	56	56
With associated severe visceral injury		4
Traumatic intracranial haemorrhage without fracture	4	4
Gunshot wounds	3	3
Scalp wound and spreading infection, meningitis..	1	1
*Of these there were associated injuries to—		
Viscera—oesophagus	1	
stomach	1	
liver	2	
	— 4	
Long bones	3	
Chest and ribs	12	
Spine	3	
Thigh muscles.....	1	
2. <i>Injuries to the Spine</i>	5	9
*Fractured spine	5	5
Associated with head injury	3	} 4
And ruptured oesophagus.....	1	
Associated with ruptured bladder	1	
*Actual Causes of Deaths—		
Ascending myelitis of cervical spine	2	
Pyonephrosis	1	
Pneumonia	1	
Multiple injuries and shock	1	
3. <i>Fractures of Bones—</i>		
Limbs.....	17	
Actual Causes of Death—		
Multiple injuries and shock	5	
Associated disease and chronic infection	8	
Pyæmia	1	
Fat embolus	1	
Delirium tremens	2	17
Pelvis	5	17
Actual Causes of Death—		
Associated head injuries	3	
Severe visceral injuries	2	5
Ribs and chest	25	
Actual Causes of Death—		
Associated injury to viscera—lungs	4	
spleen	2	
liver	3	
to superior vena cava	1	
Injury to head	12	
Injury to spine	1	23
Broncho-pneumonia following	1	
Empyema	1	2
	—	—25

4. <i>Wound of Knee, Infective Arthritis</i>	1	1	
5. <i>Injuries to Viscera*</i> —			
Rupture of pancreas	1		
“ bladder	2		
“ intestine and stomach	2		
“ jejunum	1		
“ ileum	1		
“ sigmoid	1		
“ oesophagus	1	(died from head	
“ spleen	4	injury)	
“ vena cava	1		
“ lungs	8		
“ liver	6		
	—27	27	28
*With these were associated injuries to—			
Chest and ribs in	10		
Head	4		
Spine	1		
and includes gunshot wound of abdomen, and crushed by train			
6. <i>Gunshot wounds of</i> —			
Leg causing embolus	1	1	1
Abdomen and liver (q.v.)	1		
Brain (q.v.)	3		4
			—5
		Principal	Total
		Cause of	Number
		Death.	of Cases.
7. <i>Burns</i>		1	1
8. <i>Foreign Body in Throat</i>		1	1
9. <i>Cut Throat</i>		2	2
10. <i>Poisoning</i> —			
Lysol 5, Creodol 1, Strychnine 1		7	7
11. <i>Anaesthetics</i> —			
Immediate 2, delayed 5 (asphyxia 1, fatty degeneration 4)		7	7

ASSOCIATION OF CONCOMITANT DISEASES.

Of the 120 deaths from violence 25 (or 20 per cent.) had some evident chronic disease :—

Chronic pulmonary tuberculosis	1
Old pleural adhesions	2
Otitis media	1
Cirrhosis of liver	1
Obsolete hydatid of liver	2
Hydronephrosis	1
Constriction of ureter and atrophic kidney	1
Chronic nephritis	7
Polypoid cystitis	1
Urethral stricture	1
Gleet (with methylene blue in stomach)	1
Cerebello-pontine angle tumor	1
Potts' disease of spine	1
Gallstones and healed duodenal ulcer scar	1
Mental defect and congenital defects in teeth and palate	1
Cystic ovaries and large thymus	1
Varicose ulcer of leg	1

Head Injuries.

Of the 68 cases of head injury, one had a scalp wound and spreading infection, four had intracranial injury without fracture, and three were gunshot wounds. Of the remaining 60 which had fracture of the skull, the type of fracture was:—

Fissured of vault alone	10
Depressed of vault	7
(Two of these had fissures extending to the base as well.)	
Fissured of base alone	12
Fissured of both base and vault	31

Of the 67 cases, decompression had been performed (unsuccessfully) in seven:—

Large extra and subdural haemorrhage in occipital and parietal regions with much laceration of the under surface of the brain.

Extra-dural haemorrhage in the occipital region and contusion of the occipital pole.

Sub-dural haemorrhage in the middle fossa and much laceration.

Extra-dural middle meningeal haemorrhage.

Intra-cerebral haemorrhage in the frontal lobe.

Intra-cerebral haemorrhages in the frontal and occipital lobes and pons.

Extra-dural (middle meningeal) and sub-dural haemorrhage, also rupture of the stomach.

Length of life after the injury in 68 cases:—

Eight died from meningitis at varying periods of from five days to three weeks.

Of the remaining 60 who died from the primary injuries received, the majority died within the first 48 hours.

VIII.—EPITOME OF THE PATHOLOGICAL LESIONS PRESENT IN ONE THOUSAND POST-MORTEMS AT THE ADELAIDE HOSPITAL.

(By DR. J. B. CLELAND, Honorary Pathologist).

The "Accidents" herewith presented complete the record of all the pathological lesions present in the first thousand post-mortem examinations fully tabulated at the Adelaide Hospital. Dr. J. B. Jose has investigated these accident cases, and the results of his work have appeared in the preceding paper in these Archives.

ACCIDENTS.

17/20 M. 20.—*Fractured skull.*

19/20 M. 50.—*Compound comminuted fractures of both legs, fat embolism.*

25/20 M. 45.—*Traumatic haemorrhages into basal ganglia and ventricles.*

31/20 M. 70.—*Fracture of skull, &c. Subdural haemorrhage. Injury to temporo-sphenoidal lobe.*

33/20 M. 50.—*Fracture of skull. Pneumococcal meningitis.*

41/20 M. 27.—*Fracture of skull. Cerebral haemorrhage.*

67/20 M. 25.—*Ruptured pancreas.*

82/20 M. 33.—*Fractured skull. Multiple haemorrhage in brain.*

96/20 M. 42.—*Compound fractures of legs. Pyaemic foci in lungs.*

97/20 M. 13.—*Revolver wound of frontal region crossing brain.*

105/20 M. —.—*Crushed by train.*

102/20 M. —.—*Extensive necrosis of skull following injury from broken bottle. Secondary temporo-sphenoidal abscess and meningitis.*

107/20 M. 21.—*Fracture of skull. Haemorrhage, subsequent spreading oedema.*

- 109/20 — —.—*Fracture of skull.*
- 111/20 F. 38.—*Old pelvic adhesions. Ruptured bladder from fall.*
- 112/20 M. 13.—*Traumatic rupture of intestine. Early peritonitis.*
- 116/20 M. 26.—*Alcoholic delirium. Fracture of upper third of fibula (indirect violence). Dislocation of ankle. Oedema and congestion of brain.*
- 128/26 M. 42.—*Fall from telegraph pole. Small haemorrhage in frontal lobe, haemorrhage in pons.*
- 132/20 M. 27.—*Shock following amputation of leg. Pale muscles round wound.*
- 149/20 M. 17.—*Fracture of skull. Epidural haemorrhage.*
- 26/21 M. 69.—*Fractured skull, ribs, and clavicle and lacerated brain.*
- 35/21 M. 45.—*Bullet wounds through liver, stomach, and left side of horseshoe kidney.*
- 41/21 M. 51.—*Pulmonary embolism following thrombosis of veins of leg after bullet wound.*
- 61/21 M. 35.—*Bullet wound and fracture of skull. Meningitis.*
- 69/21 M. 55.—*Fracture of skull. Cerebral haemorrhage. Pulmonary tuberculosis.*
- 77/21 M. 38.—*Fracture of skull. Extradural haemorrhage. Pontine haemorrhage. Urethral stricture.*
- 90/21 M. 38.—*Fracture of skull. Haemorrhage in brain. Obsolescent hydatid of liver.*
- 95/21 M. 61.—*Fracture of femur. Delirium tremens. Dilatation of stomach. Granular kidneys. Fatty infiltration of heart.*
- 101/21 M. 46.—*Quarry accident. Multiple injuries. Dislocation of hip, compound fracture of leg, fractured ribs.*
- 105/21 M. 82.—*Intracapsular impacted fracture of neck of femur. Renal fibrosis.*
- 106/21 M. 56.—*Quarry accident. Fracture of skull, subdural haemorrhage, fracture of ribs. Laceration of lung, haemothorax. Fracture of lumbar vertebra.*
- 161/21 M. 56.—*Fracture of skull. Laceration of brain. Small red kidneys.*
- 164/21 F. 1.—*Asphyxia from pea in bronchus. Other lung atelectatic.*
- 172/21 M. 26.—*Depressed fracture of skull with protrusion of brain. Gleet. Methylene blue staining of stomach, intestines, etc.*
- 179/21 M. 26.—*Old haemorrhage, traumatic, in right hemisphere with recent fresh haemorrhage in lateral ventricle. No fracture of skull.*
- 193/21 M. 35.—*Fracture-dislocation of neck.*
- 177/21 F. 43.—*Fracture of 6th cervical vertebra. Pressure on cord.*
- 198/21 M. 40.—*Fracture of pelvis. Compound fracture of humerus.*
- 199/21 M. —.—*Fracture of pelvis and ribs. Laceration of liver, kidney, and lung.*
- 4/22 Baby 4 mths.—*Fracture of skull. Laceration of brain. Fractured ribs.*
- 11/22 M. 17.—*Fall on handle of fork. Rupture of rectum and diaphragm and collapse of lung.*
- 13/22 M. 21.—*Fracture of anterior fossa of skull. Softened area in frontal lobe, which became infected. Pneumococcal meningitis.*
- 34/22 M. 48.—*Fractured ribs. Ruptured spleen.*
- 35/22 M. 50.—*Subdural haemorrhage (traumatic).*
- 48/22 M. 33.—*Fracture of skull, fractured ribs, ruptured liver.*
- 64/22 M. 36.—*Fracture of ribs. Slight laceration of lungs. Early arteriosclerotic kidneys. Interstitial fibrosis of myocardium.*

- 66/22 M. 47.—*Fracture of spine. Pott's disease of spine. Rupture of bladder.*
- 70/22 M. 18.—*Fracture of skull. Meningeal haemorrhage.*
- 75/22 M. 55.—*Subdural haemorrhage probably traumatic. Slight bruising of brain.*
- 84/22 M. 68.—*Fracture of skull and ribs. Interstitial nephritis.*
- 88/22 M. 68.—*Fracture of skull. Subdural haemorrhage. Laceration of brain. Broncho-pneumonia. Slight interstitial nephritis.*
- 87/22 F. 66.—*Fractured humerus. Contracted atrophic kidneys, adhesions constricting ureter. Atheroma. Ectopic pancreatic tissue in duodenum.*
- 95/22 M. —.—*Fracture of skull. Subdural and epidural haemorrhages. Laceration of brain. Pontine haemorrhages.*
- 99/22 M. —.—*Fracture-dislocation of spine. Pyelonephritis.*
- 103/22 M. 75.—*Fracture of skull. Haemorrhage. Haemorrhage in pons.*
- 131/22 M. —.—*Fracture of skull.*
- 136/22 M. 60.—*Fracture of skull. Subdural haemorrhage. Laceration of brain.*
- 2/23 M. 10.—*Fracture of skull. Laceration of brain.*
- 8/23 M. 28.—*Depressed fracture of skull. Extradural haemorrhage.*
- 11/23 F. 36.—*Subdural haemorrhage, ? traumatic. Haemorrhages in pons.*
- 14/23 M. 26.—*Rupture of spleen, three pints of blood in peritoneal cavity.*
- 17/23 F. 73.—*Comminuted fracture of femur. Senile heart. Atheroma. Fibro-fatty liver. Old hydatid cyst in liver.*
- 29/23 M. 30.—*Meningitis secondary to depressed fracture of skull.*
- 38/23 F. 46.—*Fracture of skull. Laceration of brain. Fracture of femur.*
- 39/23 M. 37.—*Bruising of scalp. Fractures of ribs and pelvis. Left arm evulsed.*
- 47/23 M. 40.—*Fracture of skull and ribs. Laceration of brain. Broncho-pneumonia.*
- 48/23 F. 37.—*Cellulitis of scalp after injury. Fatty liver. Alcoholism.*
- 51/23 M. 33.—*Fracture of skull. Laceration of brain. Acromio-clavicular dislocation. Hypostatic congestion.*
- 75/23 M. 15.—*Fracture of skull. Extradural haemorrhage.*
- 91/23 M. 40.—*Fracture of skull. Traumatic meningitis.*
- 98/23 M. 50.—*Cut-throat. Four gastric ulcers. Atrophy of left kidney.*
- 102/23 M. 57.—*Dwarf. Fractured skull and meningitis.*
- 108/23 M. 61.—*Fracture—compression of 1st lumbar vertebra. Paraplegia. Hypostatic pneumonia.*
- 142/23 M. 45.—*Fracture of ribs. Subluxation of spine. Retro-peritoneal haemorrhage. Quarry accident.*
- 155/23 M. 14.—*Traumatic rupture of jejunum. Peritonitis.*
- 179/23 M. —.—*Fracture of skull. Extradural haemorrhage. Laceration of brain.*
- 186/23 M. 63.—*Fracture of skull. Intracranial haemorrhage. Laceration of brain.*
- 189/23 M. 63.—*Fracture of skull. Intracranial haemorrhage. Laceration of brain. Vascular projections in bladder.*
- 190/23 F. 35.—*Fractured ribs. Laceration of the liver and spleen. Fibrosing pulmonary tuberculosis.*
- 2/24 M. —.—*Suicide. Revolver wound of brain.*
- 3/24 M. 14½.—*Ruptured spleen. Bruising of chest.*
- 19/24 M. 41.—*Fracture of skull, subdural haemorrhage. Fracture of 6th cervical vertebra. Compression of cord. Fracture of sternum and rib.*
- 26/24 M. 46.—*Fracture of skull. Extradural haemorrhage. Laceration of brain.*

- 27/24 F. 50.—*Crushing injury to thorax. Rupture of liver and lung. Right renal calculi.*
- 39/24 M. 19.—*Fractured skull. Subdural abscess. Meningitis.*
- 40/24 M. 71.—*Fractured ribs. Compression of chest. Bruising of lung. Haemopericardium.*
- 69/24 M. 34.—*Fracture of skull. Laceration of brain. Subdural haemorrhage.*
- 73/24 M. 58.—*Fractures of ribs, tibia, fibula. Haemothorax. Paralytic ileus. Small left cerebello-pontine angle tumour.*
- 79/24 F. 21.—*Fracture of skull. Intra- and extra-dural haemorrhages.*
- 86/24 M. 49.—*Fracture of skull. Laceration of brain. Dislocation of neck. Traumatic rupture of oesophagus. Haemothorax.*
- 96/24 M. 69.—*Fracture of skull. Haemorrhage over brain. Necrotic poly-poid cystitis.*
- 106/24 Chinaman 67.—*Impacted fracture of femur (1 month). Bedsore. Emaciation. Linear aortitis. Gallstone. Healed duodenal ulcer.*
- 115/24 M. 23.—*Fracture of skull. Laceration of brain. Wound of thigh with separation of adductor longus and dislocation into scrotum.*
- 118/24 M. —.—*Fracture of cribriform plate with pneumococcal meningitis. Fractures of nasal and lachrymal bones.*
- 120/24 M. 55.—*Fracture of skull. Extra- and subdural haemorrhages. Laceration of brain. Broncho-pneumonia.*
- 126/24 M. 43.—*Fracture of skull, subdural and epidural haemorrhages. Laceration of brain.*
- 128/24 M. 64.—*Crushing railway accident. Amputation of both legs. Shock. Congestion of lungs.*
- 152/24 M. 75.—*Suicidal cut-throat. Some interstitial nephritis. Atheroma of coronaries and vessels at base of brain. Partial infarction and fibrosis of heart wall.*
- 156/24 M. 81.—*Fracture of skull. Pulmonary oedema. Chronic pulmonary tuberculosis and anthracosis.*
- 168/24 M. 27.—*Fracture of skull. Subdural haemorrhage. Laceration of brain.*
- 169/24 M. 65.—*Fracture of skull. Crushing injury to thorax. Haemothorax. Laceration of brain. Pulmonary oedema.*
- 188/24 M. 27.—*Broken ribs. Puncture and collapse of lung. Rupture of spleen. Slight tear in kidney. Subcutaneous emphysema.*
- 191/24 M. 53.—*Rupture of diaphragm, hernia of stomach. Fractured ribs. Tear of superior vena cava, etc.*
- 200/24 M. 15.—*Fracture of vault of skull. Rupture of liver. Fracture-dislocation of ribs. Bruising.*
- 202/24 M. 40.—*Fracture of Skull. Intra- and extra-dural haemorrhages. Laceration of brain. Small haemorrhages in pons. Hob-nail cirrhosis of liver.*
- 210/24 M. 67.—*Bruising and wound of scalp. Crushing injury to chest with numerous fractured ribs. Incised wound in groin. Fractures of pelvis and fibula.*
- 217/24 M. 18.—*Fracture of skull with separation of face from skull.*
- 222/24 M. 63.—*Fracture of humerus, ribs, and clavicle. Rupture of diaphragm with hernia of stomach. Haemothorax. Tears of liver and lungs. Bruises.*
- 130/24 M. 66.—*Ununited fracture of tibia and abscess formation. Chronic interstitial nephritis. Necrotic cystitis. Broncho-pneumonia. Uraemia.*
- 205/23 M. 30.—*Fracture of skull. Laceration of frontal lobe and haemorrhage.*

- 60/23 M. 73.—*Acute arthritis (traumatic) of knee. Toxic myocarditis. Slight fibrosis of liver. Chronic interstitial nephritis. Subdural haemorrhage.*
- 3/25 F. 25.—*Hypostatic pneumonia. Thrown from sulky six weeks before. Healed fracture of clavicle. Parenchymatous goitre.*
- 5/25 M. 29.—*Fractures of skull, humerus, fibula.*
- 7/25 M. 34.—*Fractured pelvis. Head of femur driven through acetabular cavity. Traumatic rupture of sigmoid. Paralytic distension of intestines and stomach.*
- 12/25 M. 46.—*Fractured skull. Laceration of brain. Subdural blood effusion. Right hydronephrosis with kinking of ureter by band.*
- 15/25 M. 35.—*Three linear tears in liver. Struck by verandah blind.*
- 24/25 M. 63.—*Fracture of malleoli (ankle) and of surgical neck of humerus. Hypostatic pneumonia.*
- 41/25 M. 55.—*Wound in front of left ear. Fracture of manubrium sterni. Hypostatic pneumonia.*
- 48/25 F. 40.—*Toxaemia and absorption from bedsore and burns.*
- 56/25 M. 68.—*Lobar pneumonia. Fractures of three ribs. Pus in pleural cavity opposite to them. Sero-fibrinous pericarditis.*
- 67/25 M. 18.—*Fracture of skull. Cerebral laceration.*

POISONING.

- 108/21 M. 20.—*Creodol (?). Escharotic effects.*
- 10/22 M. 61.—*Lysol. Escharotic effects.*
- 27/22 M. 51.—*Strychnine. Fibrosis round bronchioles, ? tuberculous.*
- 116/23 M. 50-60.—*Lysol. Slough at cardiac orifice.*
- 121/23 F. 40.—*Strychnine. Calcified mesenteric glands. Small cyst in ovary.*
- 72/24 M. 36.—*Lysol. Escharotic effects.*
- 100/24 F. ?.—*Lysol or carbolic acid. Intense congestion of oesophagus (except upper $\frac{3}{4}$ inch), pharynx, stomach, liver, kidneys, lungs.*

DEATHS AFTER ANAESTHETICS.

- 124/21 M. 21.—*Asphyxia from inhalation of vomit after anaesthesia.*
- 28/22 M. 55.—*Death under chloroform. Fistula in ano. Engorged lungs, etc. Heart muscle pale and soft.*
- 22/20 M. 67.—*Death under chloroform. Early renal disease and myocardial degeneration?*
- 40/20 M. 78.—*Epithelioma of submaxillary gland. Acidosis following chloroform. Large pale liver.*
- 184/24 F. 39.—*Septic pneumonia (?inhalation after emergency anaesthesia).*
- 91/20 M. —.—*Operation for malignant growth of lip and glands. Oozing of blood. Sudden death six hours after administration of chloroform.*
- 54/21 F. 41.—*Fatty liver. Cloudy swelling (?toxic) of kidneys after operation (chloroform) for ovarian cyst.*

IX.—EPITOME OF THE PATHOLOGICAL LESIONS PRESENT IN A SECOND THOUSAND POST-MORTEMS AT THE ADELAIDE HOSPITAL.

(By J. BURTON CLELAND, Honorary Pathologist).

The records which follow deal with the pathological lesions met with during the course of a second thousand autopsies which were performed

between the years 1925 and 1929. The arrangement and other details follow the same lines as the summary of the lesions met with in the first thousand and recorded in these Archives for the years 1926 (No. 6), 1927 (No. 7), and 1928 (No. 8).

(1) NEOPLASMS.

SQUAMOUS EPITHELIOMA OF THE LIP.

- 69/27. M. 54.—*Recurrence in neck of epithelion of lip. Breaking down. Sinuses formed, which are infected. Secondary thrombosis of left innominate vein. Some emphysema.*

SQUAMOUS EPITHELIOMA OF THE TONGUE.

- 52/26 M. 71.—*Operation for recurrent epithelioma of tongue. Haemorrhage, transfusion, etc. Anuria. Some chronic interstitial nephritis. Hypertrophy of left ventricle.*
- 10/29 M. 65.—*Death from post-operative shock and cerebral oedema after removal of anterior half of tongue, floor of mouth, etc., for squamous epithelioma. Small fibrotic nodules in liver and spleen. (Tuberculosis positive, healed.)*

SQUAMOUS EPITHELIOMA OF THE PALATE OR TONSILS.

- 80/28 M. 63.—*Squamous epithelioma of palate extending into base of skull. Two acute gastric ulcers, abundant haemorrhage from one. Small cavernous angioma of liver. Cyst of right epididymis. Some emphysema of lungs. Some renal fibrosis. (Tuberculosis negative.)*
- 132/29 M. 60.—*Extensive squamous epithelioma of palate extending round tonsillar areas. Independent extensive carcinoma of stomach with fungating part (probably originally adenomatous polyp), extension to serosa, deposit in omentum. Small cyst in one kidney. Cerebral softening following tying of carotid. (Tuberculosis negative.)*
- 62/29 M. 81.—*Pulmonary tuberculosis especially affecting left lower lobe with conglomerate caseating tubercles, and in the other lung partial organisation of a pneumonia and miliary tubercles (? inhalation pneumonia + tuberculosis). Squamous epithelioma of palate and tonsil. Some emphysema. Atheroma of abdominal aorta. Two facettted gallstones. Hydrocele. (Tuberculosis positive.)*
- 89/29 M. 69.—*Epithelioma ? of right tonsil with haemorrhage into surrounding tissue, pharynx, etc., with some laryngeal obstruction. Dilated right heart, oedema of lungs. Some chronic interstitial nephritis. Double ureter on left side. Some cirrhosis of liver. (Tuberculosis negative.)*

SQUAMOUS EPITHELIOMA OF THE EPIGLOTTIS.

- 108/27M. 75.—*Epithelioma of epiglottis. Extension to glands on both sides of neck with ulceration and purulent infiltration. Gall-bladder contracted with a sinus into the duodenum which is adherent to its remnants. Hypostatic pneumonia.*

SQUAMOUS EPITHELIOMA INVADING THE NECK.

- 86/29 M. 76.—*Squamous epithelioma of the left side of the neck from the clavicle to the angle of the jaw, secondary deposits in both pleurae and liver. Septic left tonsil (not malignant). Septic prostate, hypertrophy of the bladder.*

Hydronephrosis of the left kidney with atrophy of renal substance in both. (Tuberculosis negative.)

135/27 M. 70.—*Epithelioma ? in submental region, origin ?*. Hypostatic congestion of lungs. (Tuberculosis negative.)

CARCINOMA IN A SALIVARY GLAND.

131/27 M. 70.—*Carcinoma (showing squamous epithelioma and simple carcinoma) probably originating in salivary gland, with deposits in glands of neck, axillae, groins, mediastinum, and along abdominal aorta, nodules in skin (few), deposit in suprarenal. Necrosis and suppuration (?) in some deposits. Malignant endocarditis of mitral valve. Some emphysema. Infarct in kidney. Under lead treatment.*

CARCINOMA OF THE LARYNX.

12/26. M. 57.—*Negro. Carcinoma of larynx. Atheroma of aorta. Calcification of aortic valve.*

198/27 M. 79.—*Carcinoma of larynx. Arterio-sclerosis. Osteo-arthritis of vertebrae. Bronchitis. (Tuberculosis negative.)*

50/28 M. 73.—*Carcinoma of the larynx, secondary glands of the neck. Some scarring of aortic cusps. Dilated stomach. (Tuberculosis negative.)*

CARCINOMA OF THE OESOPHAGUS.

39/26 M. 62.—*Squamous epithelioma of oesophagus perforating into left pleura. Septic broncho-pneumonia and pulmonary abscess. Gastrostomy with sloughing wound with local peritonitis. Adenomata (small) of kidneys. Calcification of mesenteric glands.*

209/26 M. 63.—*Squamous epithelioma of oesophagus with stricture. Malignant glands. Deposit in scapula. Slight hypertrophy of pylorus (? achalasia. Gastro-enterostomy done). Distension of large gut. Deposit in heart muscle with vegetation. Syphilitic aortitis. Inspissated bile-pigment calculi. Small deposits in kidneys.*

CARCINOMA OF STOMACH.

86/25 M. 57.—*Carcinoma of stomach, probably in old ulcer. Deposits in liver. (Partial examination.)*

148/25 M. 52.—*Carcinoma of stomach (or pancreas) on chronic crateriform gastric ulcer. Perforation with peritonitis. Deposits in liver, lymphatic glands, glands of neck. Paralytic ileus.*

137/25 M. 66.—*Carcinomatous ulcer of stomach, adherent to spleen and pancreas. Haemorrhage. Distension of bowel, to middle of transverse colon, with blood, then collapsed.*

209/25 M. 60.—*Carcinoma of pylorus. Adjacent glands affected. Small tuberculous deposit in lung. Softened area, ? deposit, in crus cerebri. Deposits in liver, peritoneum.*

179/25 M. 79.—*Carcinoma of stomach (hour-glass), deposits in hilum of spleen, above the bladder, liver. Enlarged prostate. Haemorrhages in bladder. Perinephritis. Infective nephritis, some interstitial nephritis.*

62/26 F. 45.—*Carcinoma of stomach (lesser curvature, proximal to pylorus). Huge deposits in liver. Glands affected. Small uterine fibroids. Breast carcinomatous.*

- 120/26 F. 83.—*Carcinoma of stomach (greater curvature), deposits in liver, aortic glands, supraclavicular glands. Emphysema, some collapse. Adenomatous thyroid nodule. Atheroma of aorta (descending, abdominal). Pleurisy. Thrombosis in pulmonary artery.*
- 195/26 M. 77.—*Carcinoma of stomach. Deposit in wall of bladder (papillomatous-looking). Numerous small cysts in left kidney.*
- 197/26 F. 63.—*Carcinoma of stomach. Gastro-enterostomy. Peritoneal seeding. Deposits invading small and large gut. Secondary ring carcinoma of sigmoid. Enlarged malignant ovaries. Recent antemortem clot in abdominal aorta. Caseous area in broad ligament (? tuberculosis of Fallopian tube) and calcified mesenteric gland.*
- 76/27 M. 44.—*Carcinomatous ulcer of lesser curvature near pylorus. Massive secondary deposits in liver. Deposits in portal glands. Thrombus in branch of pulmonary artery and in right external iliac vein. Brown induration of lungs. Ascites and oedema.*
- 83/27 M. 62.—*Scirrhus carcinoma of pylorus, extension to peritoneum and glands (portal, etc.), small deposits in liver, extensive broncho-pneumonia perhaps associated with infarction. Some emphysema.*
- 84/27 M. 68.—*Scirrhus carcinoma of pylorus, extension to peritoneum and glands (lesser curvature, portal). Pneumonia of lobar extension. Emphysema.*
- 177/27 F. 37.—*Carcinoma of stomach (leather-bottle). Deposits in liver, adjacent lymph glands, lungs, both ovaries, diaphragm and extensive deposits in calvarium, dura mater, base of skull and orbits, subdural haemorrhage. Secondary pneumonia. ? Persistent thymus. (Tuberculosis negative.)*
- 199/27 M. 43.—*Carcinoma of stomach with pyloric obstruction. Large secondary deposits in liver and draining glands. Early peritonitis. Atrophic emphysema. (Tuberculosis negative.) (Wassermann negative.)*
- 217/27 F. 65.—*Carcinoma of cardiac end of stomach, adherent to diaphragm and liver, deposits in each suprarenal. Marked atheroma of aorta with thrombosis in lower part extending into iliaes. Commencing gangrene of both feet. Pneumonia. ? Amyloid disease of liver and kidneys. (Tuberculosis negative.)*
- 6/28 F. 63.—*Chronic (carcinomatous) ulcer of stomach. Some chronic nephritis. Myocardial fibrosis. (Tuberculosis negative.)*
- 89/28 F. 56.—*Fungating carcinoma of stomach with perforation and general peritonitis. Deposit in omentum. (Tuberculosis negative.)*
- 168/28 M. 65.—*Patch of infective broncho-pneumonia with small abscesses. Membranous proctitis (extensive). Scirrhus carcinoma of pylorus becoming colloid. (Tuberculosis positive, healed.) (Wassermann negative.)*
- 235/28 M. 39.—*Carcinoma of the pylorus, extension to the peritoneum and hepatic flexure, successful gastro-enterostomy. Gangrenous appendicitis (apparently independent) with peritonitis. Emphysema. (Tuberculosis negative.)*
- 41/29 M. 47.—*Carcinoma of pylorus. Secondary deposits in glands and right suprarenal. Congestion and oedema of lower lobe of right lung. Calcified mesenteric glands. Gallstones. (Tuberculosis positive, healed.)*

- 59/29 M. 69.—*Carcinoma of pylorus with carcinomatous ulcer and invasion of serous coat and extensive peritoneal seeding especially in omentum, iliac fossae and pelvis, with ascites. Free HCl in stomach. Some pneumonic consolidation with very early organisation commencing. Atrophic testis. Minute bile-pigment calculi. (Tuberculosis negative.) (Wassermann negative.)*
- 85/29 M. 76.—*Fungating carcinoma of stomach, glands along lesser curvature, deposits in liver. Slight tuberculosis in lungs. Atheroma of aorta. Some calcification of aortic cusps. (Tuberculosis positive.)*
- 92/29 M. 50.—*Colloid carcinoma of greater curvature of stomach, secondary deposits in liver and carcinomatosis of peritoneum. Left hydrothorax with compression of lung and oedema.*

CARCINOMA OF THE SMALL INTESTINE.

- 138/25 M. 83.—*Carcinomatous ulcer of second part of duodenum, adherent to pancreas, ? secondary to liver. Marked carcinomatous deposits in liver. Marked atheroma. Moderate chronic interstitial nephritis.*
- 58/27 M. 41.—*Carcinomatous stricture at duodeno-jejunal junction with enlarged glands, columnar epithelioma. Dilated stomach.*
- 106/29 F. 40.—*Carcinoma in duodeno-jejunal junction perhaps from pancreatic rest, invasion of colon. Deposits in glands in root of mesentery and in liver. Secondary anaemia. Nutmeg liver. A.m. clots in pulmonary vessels. (Tuberculosis negative.)*
- 63/26 M. 71.—*Ununited fracture of the neck of the femur. Carnified lung. Adherent pericardium. Chronic interstitial nephritis. Some hypertrophy of the left ventricle. Osteo-arthritis of vertebrae. Small carcinoid nodule in ileal wall.*

CARCINOMA OF THE COLON AND RECTUM.

- 113/29 M. 73.—*Atypical pneumonia of left lung speckled with pale spots due to early abscesses. Much emphysema with enormous bullae. Carcinoma of caecum with deposits in mesentery, abdominal aortic glands, left bronchial glands, left supraclavicular gland. Meningeal deposit dimpling cerebellum. Much atheroma of aorta. Inguinal hernia. (Tuberculosis negative.)*
- 136/26 F. 78.—*Coronary atheroma. Necrosis and fibrosis of ventricular wall. A.m. clot in left ventricle. Infarcts in lung. Large simple cyst in kidney. Early carcinoma of ascending colon. Adenomatous polyps of uterus. Telangiectases in rectum. Fatty infiltration of pancreas. Auricular fibrillation.*
- 220/25 M. 46.—*Colloid carcinoma of hepatic flexure. Peritoneal extension. Extensive infiltration of omentum, etc. Ascites. Slight pulmonary tuberculosis.*
- 201/25 M. 45.—*Carcinoma of splenic flexure. Obstruction from kinking of loop. Stercoral ulceration of caecum with perforation. Secondary peritonitis.*
- 127/27 M. 65.—*Carcinoma of descending colon. Growth very necrosed and mushy. (Lead treatment.) Intestinal adhesions. Colostomy. Some hypostatic pneumonia.*

- 84/25 F. 58.—*Carcinoma of sigmoid. Gangrene from infection of colostomy wound. Grape seeds in rectum. ? Degenerated deposits in liver. Dilated stomach.*
- 11/27 F. 65.—*Carcinoma of sigmoid colon. Pelvic abscess. Bed-sore. Recent fibrinous adhesive pericarditis. Left hydronephrosis. Atheroma of aorta. Bile sand.*
- 86/27. M. 68.—*Carcinoma of sigmoid colon. Colostomy, infiltration and infected wound, secondary deposit in liver. Atrophic emphysema. Hypostatic pneumonia. Brown atrophy of heart. Atheroma of abdominal aorta and coronaries. Small prostatic calculi.*
- 15/28 M. 72.—*Carcinoma of the pelvic colon. Ileus. Diverticulitis. Atrophic emphysema. Calcified bodies in areolar tissue near base of bladder. (Tuberculosis negative.)*
- 159/28 M. 76.—*Carcinoma of the sigmoid colon with intestinal adhesions and secondary abscess extending into the ileo-psoas and passing upwards to level of kidney and down below Poupart's ligament. Several small polypi and diverticula of colon. Foul cystitis with a soft concretion. Fibrosarcoma (probably) of muscular wall of stomach. Gallstones. Moderate atheroma. Calcified pleural plaque. Large spleen (9½ ozs.). (Tuberculosis negative.)*
- 37/29 M. 45.—*Syphilitic aortitis and disease of aortic cusps. Aortic regurgitation. Cardiac hypertrophy. Multiple polypi in sigmoid with new-growth, perforation and general peritonitis. (Wassermann positive.)*
- 121/29 M. 48.—*Successful excision of carcinoma of sigmoid. Colostomy wound foul. Intensely engorged small intestine apparently from mesenteric thrombosis. Emphysema. (Tuberculosis negative.)*
- 113/25 M. 60.—*Carcinomatous ulcer of rectum. (unusual). Colostomy wound with hernia of mucous membrane. Hydrothorax. Oedema of lungs. Acute nephritis. Uraemia.*
- 25/26 M. 17½.—*Carcinoma of rectum. (Sudden symptoms and death, ? why.)*
- 133/26 F. 55.—*Carcinoma of rectum, extension to pelvic wall. Fatty liver. Gallstones (two kinds). Intestinal obstruction. Small fibromata in gastric mucosa. Clots in popliteal vein.*
- 145/26 M. 68.—*Collapse of lung from fish vertebra inhaled 14 years before. Organization, dilatation of bronchus. Broncho-and hypostatic pneumonia. Peripheral neuritis (probably). Early unsuspected carcinoma of rectum. Small secondary deposit in liver.*
- 148/26 M. 49.—*Carcinoma of rectum. Extension towards prostate. Abundant pelvic adhesions and abscesses. Small plaque on wall of small intestine. Secondary deposit in lung. Hypostatic pneumonia.*
- 219/26 M. 56.—*Carcinoma of rectum. Secondary deposits in glands. General peritonitis following colostomy.*
- 109/26 M. 58.—*Abcess after pneumonia. To posterior cusps of pulmonary partly united. Small a.m. clot in apex of left ventricle. Calcified hydatid (?) of liver. Thrombosis in inferior cava and iliaes. Carcinoma of rectum (colostomy). Old ulcers of caecum (burrowing). Large congenital polycystic kidneys.*
- 144/27 M. 60.—*Carcinoma of rectum. Dilatation and stercoral ulcers of large intestine with leakage into the peritoneum and*

early peritonitis. *Early cancerous peritonitis. Secondary deposits in the liver. Miliary deposits and secondary pneumonia and pleural infiltration in lungs. Atrophic emphysema. Thrombosis in left external iliac vein. (Tuberculosis negative.)*

- 78/27 F. 36.—*Colloid carcinoma involving the rectum—a thick tube, large deposits in both ovaries, peritoneal invasion, extension to both pleurae, left lung compressed by fluid, cancerous infiltration of lungs both pleural and deep, cystic duct occluded by growth.*

CARCINOMA OF THE PANCREAS.

- 170/25 F. 69.—*Carcinoma of pancreas. Deposit in liver. Hypostatic and broncho-pneumonia. Gallstones. Dilated stomach. Some interstitial nephritis.*
- 4/26 M. 67.—*Carcinoma of pancreas. Broncho-pneumonia.*
- 86/26 M. 52.—*Carcinoma of pancreas? Carcinomatous peritonitis. Emphysema.*
- 126/26 M. 65.—*Carcinoma of head of pancreas, fine cirrhosis of liver. Distended gall-bladder and ducts, jaundice. Broncho-pneumonia. Atrophic kidney with dilated pelvis. Enlarged prostate.*
- 103/28 M. 73.—*Carcinoma of head of pancreas with obstruction of common duct and deep jaundice. Large calcified empyema of left side, small one on right side. Small white nodules and a plaque on surface of liver. Atrophic kidneys. Some hypertrophy of left ventricle. Much atheroma of abdominal aorta. (Tuberculosis negative.) (Wassermann negative.)*
- 27/29 M. 65.—*Cerebral softening from vascular occlusion. Hypostatic pneumonia. Scirrhus nodule in pancreas. Slight double hydrocele. (Tuberculosis negative.)*
- 88/29 M. 66.—*Carcinoma of head of pancreas. Deposit in liver, and in pyloric lymph glands. (Tuberculosis positive, healed.)*

CARCINOMA OF THE LIVER.

- 241/25 M. 63.—*Large firm carcinoma of liver with atrophic left lobe. Deposits in lungs, abdominal glands. Profound ascites. Infarcts in spleen.*
- 136/29 M. 63.—*Large celled carcinoma probably primary in liver, in fibrosed area, extensive carcinomatous peritonitis, deposits in abdominal aortic glands, large deposits in the mesentery, infiltration in the portal fissure and invasion of wall of portal vein, portal seeding in liver, infiltration of mediastinum. Compressed lungs. Achasia (?) of cardiac orifice with hypertrophy of lower part of oesophagus (Tuberculosis negative.) (Wassermann negative.)*

CARCINOMA OF THE GALL-BLADDER.

- 150/26 M. 52.—*Gallstones. Carcinomatosis of peritoneum probably from columnar epithelioma of gall-bladder. Ascites.*
- 42/27 M. 76.—*Carcinoma of gall-bladder. Extensive masses in liver, peritoneum with deposits. Thickened capsule of spleen. Hydrocele.*
- 105/28 M. 73.—*Colloid carcinoma, probably originating in gall-bladder, with much involvement of omentum and retroperitoneum. Gallstones. Broncho-pneumonia.*

- 48/29 M. 46.—Subacute malignant endocarditis of mitral and aortic valves, infarcts in spleen, kidneys, right foot and brain, with cerebral softening on right side. *Carcinoma of gall-bladder with extensive secondary deposits in liver.* Gallstones (cylindrical). *Intense jaundice.* Date-stone-sized phlebolith with clots in veins round vesiculæ seminales. Death from cerebral softening. (Tuberculosis negative.) (Wassermann negative.)
- 120/29 M. 59.—*Carcinoma of fundus of gall-bladder. Deposits in liver (softer than primary) and lymph glands along the pancreas, infiltration of omentum.* Gallstones. (Tuberculosis negative.)

CARCINOMA OF THE OVARIES.

- 116/25 F. 59.—*Extensive peritoneal deposits, also in liver, pleura, pancreas. Jaundice. Malignant ovarian cyst? ? Primary in breasts (both had been removed) or in ovary (this growth apparently not large).*
- 103/27 F. 44.—*Carcinoma in double cystadenomata of ovaries, peritoneal seeding in pelvis, on stomach, and in liver. Haemorrhage and some intestinal adhesions following operation.*

CARCINOMA OF THE CERVIX UTERI.

- 214/26 F. 53.—Pneumococcal meningitis. *Squamous epithelioma of cervix uteri (unsuspected).* Chronic interstitial nephritis.
- 1/28 F. 49.—*Carcinoma of cervix, lumbar and sacral glands involved. Hydronephrosis and chronic nephritis. Uraemia. Old mitral rheumatic vegetations. Atheroma of vessels of base of brain.* (Tuberculosis negative.)

CARCINOMA OF THE BODY OF THE UTERUS.

- 171/27 F. 52.—Paralytic ileus following *panhysterectomy* for carcinoma of the uterus. Fibro-fatty liver. Acute ulcers in lesser curvature.

OTHER CARCINOMATA AFFECTING THE ABDOMINAL CAVITY.

- 94/25 M. 58.—*Carcinomatous deposits (possibly from prostate) in the liver and glands of upper abdomen and mass at root of lung with depressed scar in bronchial mucosa.* Diabetes-pancreas apparently normal.
- 233/25 M. 33.—*Carcinomatous deposits in the liver, invaded glands in hila of lungs, mediastinum, mesentery, along abdominal aorta red and soft.* Pleural effusion. Healed gastric ulcer.
- 80/27 M. 63.—*Carcinomatous mass in mesentery, secondary deposits in glands along aorta and in mediastinal and bronchial glands, lymphatic extension along the bronchioles of both lungs.* Broncho-pneumonia and oedema of lungs. Obstruction of the common bile duct from new growth. Ecchondroses of lumbar intervertebral discs. Suprarenals plastered on both kidneys in and under capsules.

CARCINOMA OF BREAST.

- 62/26 F. 45.—*Carcinoma of stomach (lesser curvature proximal to pylorus). Huge deposits in liver. Glands affected. Small uterine fibroids. Scirrhus carcinoma of breast.*

- 87/27 F. 47.—*Carcinoma of breast. Extensive infiltration and infection of operation wound. Pleural plaques (peritoneal and visceral) and much effusion on both sides. Compression of left lung from fluid. Plaques on parietal pericardium. Secondary deposit in liver. Mulberry biliary calculi (pale).*
- 185/28 F. 86.—*Fungating carcinoma of breast. Atheroma of abdominal aorta. Gangrene of toes. (Tuberculosis negative.)*
- 72/28 F. 77.—*Carcinoma of breast almost encephaloid (tumour for 11 years). Scirrhus deposits in glands of axilla. Plaques, ? carcinomatous in peritoneum. Slight bronchiectasis and bronchitis. Some sclerosis of mitral valve and enlarged left auricle. Thinning of apex of left ventricle. Atheroma of aorta. Calcification in walls of uterine arteries. Biliary concretion. Superficial ulceration of epiglottis and trachea. Tubules on surface of ovary.*
- 11/29 F. 27.—*Recurrence of carcinoma of breast, deposits in breast, lungs, pleura, pericardium, both kidneys (small deposits), wall of lower sigmoid, neck of femur. Small uterine fibromyomata. (Tuberculosis negative.)*
- 25/29 F. 78.—*Carcinoma of breast, some sclerosis from radium, deposits in axillary glands, internal mammary glands, both pleural cavities, surfaces of lungs with pleuritic effusion, small deposits in thyroid, liver, near stomach. Some hypertrophy of heart. Retention cysts in kidneys with some renal fibrosis. Calcified nodule on spleen. (Tuberculosis negative.)*

SQUAMOUS EPITHELIOMA OF PENIS.

- 104/27 M. 57.—*Epithelioma of penis. Infected secondary deposits in glands of groin. Pelvic abscess. Cirrhosis of liver. Fatty infiltration of myocardium. Some chronic interstitial nephritis. Slight hypertrophy of left ventricle. Brown induration of lungs. Early peritonitis.*

CARCINOMA OF BLADDER.

- 122/25 F. 61.—*Carcinoma of bladder, secondary anaemia from haemorrhage. Some renal fibrosis and hydronephrosis.*
- 141/26 M. 68.—*Carcinoma of bladder. Pulmonary embolism following operation. Old perinephritis. Atheroma of aorta and coronaries.*
- 190/27 M. 76.—*Carcinoma of bladder. Secondary deposits encircling rectum. Intestinal obstruction. Villous papilloma of bladder. Bilateral hydronephrosis. Atheroma of coronaries. (Tuberculosis negative.)*
- 53/28 M. 79.—*Papillomatous growth (probably malignant) in bladder obstructing ureter. Cystitis, pyelitis, and hydronephrosis. Retroperitoneal abscess near sacrum. Syphilitic aortitis. Scars in liver (? syphilitic). Arthritis deformans of spine. (Tuberculosis positive, healed.)*

CARCINOMA OF PROSTATE.

- 85/25 M. 74.—*Fibrotic, microscopically, probably malignant prostate. Contracted bladder, dilated ureters. Surgical kidneys. Some perinephritis. Emphysema. Compressed lung. Hypostatic pneumonia. Pleuritic effusion.*

- 98/25 M. 66.—*Recurrence of carcinoma of prostate.* Deposits in aortic glands, hilic glands of lung, gland in neck. Foul suprapubic wound. Uraemia ? (only slight renal fibrosis). Hypertrophy of pylorus and dilatation of stomach.
- 215/25 M. 67.—Cerebral haemorrhage, probably into pia-arachnoid, from Circle of Willis, in which is a small aneurysm. Red granular kidneys. Hypertrophied heart. Meckel's diverticulum. Gallstones. *Early unsuspected carcinoma of prostate.*
- 55/26 M. 27.—*Carcinoma of prostate removed surgically.* Glands affected along iliaes. Post-operative shock (died two days after removal).
- 1/26 M. 74.—Hypostatic pneumonia. Aortic atheroma. *Carcinoma of prostate (unsuspected).*
- 185/27 M. 75.—(Partial p.m.) *Carcinoma of the prostate (unsuspected).* Large secondary deposit in lamina or spinous process of first dorsal vertebra pressing on spinal cord. Hypostatic pneumonia. Bedsore. (Wassermann negative.)
- 37/28 M. 81.—*Carcinoma of prostate.* Acute emphysematous (*B. Welchii*) cystitis. Toxic kidneys. Atheroma of vessels of brain. Retro-peritoneal cyst.
- 111/28 M. 65.—*Recurrent carcinoma of prostate filling bladder.* Emphysema and oedema of lungs. Gallstones (nodular, cholesterol). (Tuberculosis negative.)
- 139/29 M. 70.—Broncho-pneumonia with emphysema. Atheroma of aorta and coronaries. Calcification of aortic cusp. *Carcinoma of prostate.* Chronic cystitis. Some hydronephrosis of kidneys. Sclerosis of head of pancreas. (Tuberculosis positive, ? healed.)

CARCINOMA AND GRAWITZ TUMOURS OF KIDNEYS.

- 165/27 M. 68.—Old endocarditis of mitral valve. Brown induration of lungs. Dilated right heart. Atheroma of aorta and coronaries. Pleural effusion (loculated). *Small Grawitz tumour of right kidney,* small fibroma in medulla of left kidney. Senile hyperplasia of prostate (nodular middle lobe). Early epithelioma (?) of tongue. (Wassermann positive.)
- 74/29 M. 76.—*Carcinoma grafted on Grawitz tumour of left kidney with extension into renal vein and secondary clot.* Brown atrophy of heart. Fluid in serous cavities, oedema of legs, congested liver. Calcified mesenteric glands. (Tuberculosis positive, healed.) (Wassermann negative.)
- 95/28 M. 59.—Much atheroma of vessels of brain, carotids, and vertebrae (nearly occluded). *Small Grawitz tumour of one kidney.* Death attributed to cerebral anaemia from effort in climbing a rise. (Tuberculosis positive—healed.)
- 44/27 M. 69.—Myomata (large) of stomach wall (one removed by operation.) *Grawitz tumour, growing along renal vein.* Hypertrophied heart. Infarction of heart wall. Early pericarditis. Recent a.m. clot in left ventricle. Clots in vessels near vesiculae seminales. Silicosis.

CARCINOMA OF THE TESTIS.

- 51/27 M. 37.—*Seminoma of right testis, left retained. Deposit along spermatic vein, in gland. Haemorrhage in brain probably from secondary deposit (not seen microscopically). Haemorrhages in lungs. Spleen rather large. Died in status epilepticus.*

CARCINOMA OF THE SUPRARENAL GLAND.

- 102/29 M. 43.—*Huge soft neoplastic mass in situation of right suprarenal, smaller one in site of left, surrounding both kidneys. Multiple deposits in subcutaneous tissue and between fasciae, in psoas muscles, in and on intestines, throughout both lungs, replacing the thyroid. Large mass in left axilla. Small deposits in the heart which shows brown atrophy. Pancreas invaded and showing necrotic areas. Inferior vena cava invaded. (Tuberculosis positive, healed.)*

CARCINOMA OF THE THYROID.

- 30/26 F. 65.—*Carcinoma of thyroid. Deposits in lungs, mediastinum. Death from dyspnoea. Inguinal hernia. Gallstone.*
 61/26 M. 67.—*Purulent streptococcal infiltration in front of thyroid and cricoid cartilage, and apparently destroying right lobe of thyroid. Left lobe enlarged, carcinomatous.*
 30/28 M. 72.—*Carcinoma, probably from thyroid, in neck with deposits in neck and lungs. Haemorrhage into left pleura from deposit in lung. Emphysema. Some atheroma of aorta. (Tuberculosis negative.)*

CARCINOMA OF A BRONCHUS OR THE LUNG.

- 155/26 F. 39.—*Malignant endocarditis (low vegetations) of mitral and aortic valves. Carcinoma of upper lobe of right lung, secondary deposits in pleura, mediastinum, above left clavicle, miliary in liver. Secondary consolidation of periphery of carcinomatous lobe. Infarcts of lung, spleen, kidney, brain (two old ones, one recent with haemorrhage). Gallstones.*
 28/26 F. 36.—*Carcinoma surrounding left bronchus, ? origin in ovary. Deposits in lung, rib, both ovaries (small), aortic gland, Interstitial emphysema and pneumothorax.*
 147/27 M. 51.—*Carcinoma projecting into bronchiole. Empyema cavity—drained. Inspissated pus at the base. Consolidation of lung. (Tuberculosis negative.)*

CARCINOMA NEAR THE PITUITARY GLAND.

- 129/29 F. 55.—*Frölich's syndrome (dystrophia adiposa-genitalis) with a small soft growth in sella turcica, erosion of posterior clinoid processes and extension to right cavernous sinus. Large encephaloid deposits in mediastinum, extending into roots of lungs: large walnut-sized deposit on surface of right kidney: flattened firmer growth on left kidney. Small polypoid secondary deposits projecting into ventricles of heart and small nodules on visceral pericardium. Two rough gallstones. (Tuberculosis negative.)*

SARCOMATA.

- 175/27 M. 42.—*Spindle-celled sarcoma of calf. History of injury. Large glands in groin. Multiple deposits in lungs. Deposits in mediastinum and bronchial glands. Deposit in pyloric gland which has ulcerated through into the pylorus with fungating growth.*
- 71/28 F. 47.—*Spindle-celled sarcoma of buttock. Recurrence invading pelvis, secondary deposits in lungs and pleurae, invading bones of skull and ribs and small deposit in serosa of small intestine. Red bone marrow. Large spleen (15½ozs.). Soft heart. Slightly granular kidneys. (Tuberculosis negative.)*
- 36/26 M. 40.—*Leuco-sarcoma (?) of left ilio-psoas, deposits in recto-vesical space, between stomach and liver, in liver and in and around kidneys, in pericardium extending to base of heart, in mediastinal gland, secondary malignant ulcer of stomach with death from haemorrhage.*
- 159/27 F. 40.—*Spindle-celled sarcoma of mediastinum. Secondary deposits in pericardium, lungs, kidneys, right suprarenal, uterus, liver, gall bladder, stomach, ileum, pancreas, right ovary. Secondary pericarditis. (Wassermann negative.)*
- 136/25 F. 41.—*Osteo-sarcoma of dorsal spine or iliac bone. Deposits in ribs, sternum, lungs, liver (?), head of femur.*
- 159/28 M. 76.—*Carcinoma of the sigmoid with intestinal adhesions and secondary abscess extending into the ileo-psoas and passing upwards to level of kidney and down below Poupart's ligament. Several small polypi and diverticula of colon. Foul cystitis with a soft concretion. Fibro-sarcoma of muscular wall of stomach. Gallstones. Moderate atheroma. Calcified pleural plaque. Large spleen (9½ozs.). (Tuberculosis negative.)*
- 173/27 F. 40.—*Lympho-sarcoma (probably) infiltrating head of pancreas, base of mesentery and along abdominal aorta into both ischia. Extensive caries of ischial and pubic bones with gangrenous abscess cavities showing a fistula externally in right labium majus and reaching and destroying left hip joint. Walls of abscess in places dense, firm, and apparently infiltrated with the growth. Fatty liver. (Wassermann negative.) (Tuberculosis negative.)*

MULTIPLE MYELOMATA.

- 68/26 M. 70.—*Multiple myelomata of ribs, deposit in root of neck. Red bone marrow. Small nodule in kidney, Emphysema.*

ENDOTHELIOMA.

- 79/28 M. 26.—*Endothelioma (? from germ centres) with very extensive invasion of the peritoneal cavity and right pleura, huge retro-peritoneal mass, omentum and mesentery, etc., invaded, masses in mediastinum, right lung encased in and compressed by growth. Atrophic heart.*

SIMPLE NEOPLASMS.

- 194/28 M. 73.—*Cerebral tumour in roof of laterad ventricle. Large prostate. Some emphysema. Some renal fibrosis. Bedsores.*

Ulcér in oesophagus near ary-epiglottidean fold, ? due to acute decubitus. *Subcutaneous lipoma of forearm*. Cestode (*Taenia saginata*). (Tuberculosis negative.)

109/29 M. 90.—Pleurisy with some fibrosis of lungs and some pneumonia. Coronary atheroma with calcification. Atheroma of abdominal aorta. Synechia pericardii. Arterio-sclerotic scarring of kidneys. *Lipomata in the omentum*. Gallstones. Pneumococcal pus in sphenoidal sinus. (Tuberculosis negative.)

56/28 F. 54.—Fibromyomata of uterus, one separated off into broad ligament, another large one projected into bladder, became infected and necrosed. Hypertrophy of bladder and purulent cystitis, necrosis of its fundus and secondary peritonitis. Small abscess in one kidney. *Subserous lipoma of small intestine*. (Tuberculosis negative.)

215/27 M. 66.—Fractured ribs. Right haemothorax. Perirenal bruising. Rupture of internal lateral ligament of right knee. Some apical pulmonary tuberculosis. *Lipoma of scalp*. (Tuberculosis positive.)

188/27 M. 48.—Degenerated bile-stained hydatid in liver. Abscess of left lung with pyothorax, (?) degenerated hydatid in pleura. Hard nodules in right lung. *Lipoma (?) of right funicular cord*. Papulo-haemorrhagic eruption with cutaneous ulceration. Died in an asthmatic attack after novarsenobillon injection. (Wassermann negative.)

44/27 M. 69.—*Myomata (large) of stomach wall (one removed by operation)*. Grawitz tumour growing along renal vein. Hypertrophied heart. Infarction of heart wall. Early pericarditis. Recent a.m. clot in left ventricle. Clots in vessels near vesiculae seminales. Silicosis.

85/28 M. 50.—Aneurysm of the arch of the aorta, perforating into the left pleura with left haemothorax. Syphilitic aortitis. Hyperplasia of prostate. *Small fibro-myomatous nodule in stomach wall*. (Tuberculosis negative.) (No Wassermann.)

80/28 M. 63.—Squamous epithelioma of palate extending into base of skull. Two acute gastric ulcers, abundant haemorrhage from one. *Small cavernous angioma of liver*. Cyst of right epididymis. Some emphysema of lungs. Some renal fibrosis. (Tuberculosis negative.)

54/28 M. 46.—Saccular aneurysm of arch of aorta bulging into bifurcation of trachea. Syphilitic aortitis. Hypertrophy of left ventricle. Purulent bronchitis and pneumonia with some organisation at both bases. *Small papillary adenoma of kidney*. (Tuberculosis negative.)

211/27 M. 84.—Partial p.m. *Fibro-chondroma-adenoma (like mammary intracanalicular fibro-adenoma) of bronchus*. Enlarged prostate, removed by operation. Some renal arterio-sclerosis. Hypertrophy of bladder. Suppression of urine. Gallstones and contracted gall bladder. Calcified nodules in liver, spleen, lung. (Tuberculosis positive, healed.)

(2) RESPIRATORY SYSTEM.

TONGUE, PALATE, PHARYNX, LARYNX.

- 163/27 M. 31.—*Swelling and extravasation of blood in the tongue, bitten after a fit. Congestion of lungs and brain. Fatty liver. Death from asphyxia.*
- 181/27 F. 63.—*Chronic cystitis with hypertrophy. Bilateral pyonephrosis. Renal insufficiency. Organised pneumonia with bronchiectatic abscess cavities (left lung). Compensatory emphysema of right. Old perforation of palate. Stenosis of glottis. Uterine polyp. Post-operative hernia of abdominal wall.*
- 25/27 M. 77.—*Ulcerative tonsillitis and pharyngitis. Jaundice, probably haemolytic. Hydrocele. Two minute ulcers in colon (infarcted).*
- 36/29 M. 14.—*Broncho-pneumonia and collapse following tonsillectomy and operation on antrum. (Tuberculosis negative.)*
- 86/29 M. 76.—*Squamous epithelioma of left side of neck from clavicle to angle of jaw, secondary deposits in both pleurae and liver. Septic left tonsil (not malignant). Septic prostate, hypertrophy of the bladder. Hydronephrosis of left kidney with atrophy of renal substance in both. (Tuberculosis negative.)*
- 59/28 M. 57.—*Inspissated pus (pneumococcal) in sphenoidal cells. Calcified plaque in right pleura with some fibrosis from organisation in lung. Glisson's capsule diffusely infiltrated with pmn. cells. Probably septicaemia. (Tuberculosis negative.)*
- 186/26 M. 55.—*Old pneumothorax with thick fibrous walls. Completely collapsed lung. Scattered small tuberculous foci in other lung. Calcified areas in aortic cusp, ? healed subacute malignant endocarditis. Subacute glomerulonephritis. Small cyst above epiglottis.*
- 72/28 F. 77.—*Carcinoma of breast, almost encephaloid (tumor for 11 years). Scirrhus deposits in glands of axilla. Plaques (? carcinomatous) in peritoneum. Slight bronchiectasis and bronchitis. Some sclerosis of mitral valve and enlarged left auricle. Thinning of apex of left ventricle. Atheroma of aorta. Calcification in walls of uterine arteries. Biliary concretion. Superficial ulceration of epiglottis and trachea. Tubules on surface of ovary.*
- 127/29 F. 84.—*Double purulent pneumococcal pleurisy with some collapse of lung, some bronchitis and atrophic emphysema but no definite broncho-pneumonia. Purulent infiltration of epiglottis. Atheroma of abdominal aorta. Gallstone. (Tuberculosis positive, healed.)*
- 168/26 F. 46.—*Chronic interstitial nephritis. Hypertrophy of left ventricle. Oedema of glottis. Acute inflammation of false vocal cords. Collapsed lower left lobe (no foreign body). Uterine polyp. Uraemia.*
- 153/27 M. 45.—*(Fell off horse.) Sticky peritonitis with a little pus. No lesions of the alimentary canal. Small acute ulcer of vocal cord. Old traction diverticulum of oesophagus. Indurated purplish rash on back. Recent pleuritic adhesions.*

TRACHEA AND BRONCHI.

- 194/25 M. 62.—Asthma. Polypoid masses in antrum. Operation. Death in evening. Lungs overdistended. *Congestion of trachea and bronchi. Fibrinous plugs in bronchioles.* Area of organisation in lung. Haemolymph glands in lower neck.
- 219/28 F. 33.—*Tracheitis and bronchitis with congestion and airlessness of posterior parts of lungs.* Pale myocardium. Gallstone. (Tuberculosis negative.)
- 221/28 F. 67.—*Intense tracheitis and bronchitis with some congestion of the lungs and a little superficial collapse.* Rather flabby pale heart. Submucous haemorrhages in bladder and stomach. Toxaemia from "para-influenza." (Tuberculosis negative.)
- 114/29 M. 8½ months.—*Congestion of trachea with some purulent exudate, some collapse and some pneumonia, embarrassed croupy respiration, no diphtheria bacilli grown.* Some excess of clear pericardial fluid. Congestion of kidneys. (Tuberculosis negative.)
- 133/29 F. 3.—*Acute tracheitis with muco-pus, tracheotomy. Partial collapse of lungs.* Toxaemia (Tuberculosis negative.)
- 154/29 M. 87.—*Acute tracheitis with purulent bronchitis and some pneumonia.* Atheroma of aorta. (Tuberculosis negative.)
- 13/29 F. 72.—Cerebral abscess near Rolandic area. Atheroma of cerebral vessels. *Purulent bronchitis.* Infarcts in spleen and kidney. Some cardiac hypertrophy. (Tuberculosis positive, healed.)
- 98/29 F. 82.—*Purulent bronchitis with oedema of lungs and collapse in left lower lobe.* Pleuritic adhesions on both sides and synechia pericardii. Dilated right heart and hypertrophied left heart. Red granular contracted kidneys. Nutmeg liver. (Tuberculosis positive, healed.)
- 198/27 M. 79.—Carcinoma of larynx. Arterio-sclerosis. Osteo-arthritis of vertebrae. *Bronchitis.* (Tuberculosis negative.)
- 36/28 M. 95.—Ulcerative colitis with diverticulitis. Some chronic interstitial nephritis. Organised vegetation (?) on wall of right auricle. *Bronchitis.* (Tuberculosis negative.)
- 182/28 M. 46.—Syphilitic aortitis with sacular aneurysms one eroding vertebrae. *Bronchitis.* Yellow caseous foci in kidneys. Gastro-enterostomy with old duodenal scar. (Tuberculosis negative.) (Wassermann positive, negative four years ago.)
- 114/28 F. 66.—*Chronic bronchitis and some pulmonary fibrosis.* Hypertrophied and dilated right heart. Chronic venous congestion of liver and spleen and oedema of legs. Slight fibrosis of kidneys. Gallstones (facetted). Haemorrhagic uterine mucosa. (Tuberculosis negative.) (Wassermann positive.)
- 70/29 M. 67.—*Chronic bronchitis with fibrosis of lungs oedema and irregular pneumonic consolidation.* Intense atheroma of aorta. Necrotic ulcer in stomach probably from vascular occlusion from atheromatous ulcer. (Tuberculosis negative.)
- 79/29 M. 71.—*Chronic bronchitis with congested lungs and some pneumonia, not resolving.* Some hypertrophy and dilatation

- of both ventricles, cause not ascertained. Stomach distended. (Tuberculosis negative.)
- 81/29 M. 81.—*Chronic bronchitis* and fibrosis of lungs with emphysema and some oedema. Some hypertrophy of left ventricle with some chronic interstitial nephritis. Deeply congested bladder. Thickened splenic capsule. Atrophic testes. (Tuberculosis negative.)
- 94/29 M. 63.—*Chronic bronchitis*. Dilated and hypertrophied heart. Congestion of liver, lungs and spleen. (Tuberculosis negative.)
- 207/26 M. 41.—Rifle wound. Fracture of skull. Intradural haemorrhage. Laceration of brain. Probably silicotic nodules and *bronchiectatic cavity*.
- 129/26 M. 80.—*Bronchiectasis in right lung (haemorrhage from it in life.)* Huge mucocele of appendix. Peritonitis. Enlarged prostate, cystitis.
- 9/27 M. 27.—Pulmonary tuberculosis. *Bronchiectasis*.
- 37/27 M. 39.—Fulminating pneumococcal meningitis (brain very congested). Irregular red hepatisation of lungs. *Bronchiectatic cavity at right apex*. G.P.I.?
- 138/27 M. 59.—Aortic stenosis with calcification, probably from healed sub-acute malignant endocarditis. Hypertrophied and dilated heart. Chronic venous congestion of lungs, liver, spleen, and kidneys. Universal pericardial and pleuritic adhesions. Carnification of upper lobe of left lung. *Bronchiectatic cavities at right apex*. Empyema of the gall bladder and impacted rough gall-stones, with duodenal adhesions. (Wassermann negative when first admitted, but positive later.) (Tuberculosis negative.)
- 72/28 F. 77.—Carcinoma of breast almost encephaloid (tumour of 11 years), scirrhous deposits in glands of axilla. Plaques (? carcinomatous) in peritoneum. Slight *bronchiectasis and bronchitis*. Some sclerosis of mitral valve and enlarged left auricle. Thinning of apex of left ventricle. Atheroma of aorta. Calcification in walls of uterine arteries. Biliary concretion. *Superficial ulceration of epiglottis and trachea*. Tubules on surface of ovary.
- 195/28 F. 62.—Old empyema of left side with *bronchiectasis* and small abscesses in left lower lobe. Broncho-pneumonia. Myomata of uterus. Amputated foot after accident one month ago. (Tuberculosis positive, healed.)
- 34/29 M. 34.—Pyonephrosis of right kidney, dilatation of ureter, ulceration of bladder. Lobar pneumonia and *bronchiectasis*. Dilatation of heart. (Tuberculosis positive, healed.)
- 101/29 M. 61.—Fibrosis in left lung probably from organised pneumonia with *cavities in the upper lobe attributed to bronchiectasis* and breaking down of abscesses. Emphysema of other lung without other lesions. Some small varicose veins in the oesophagus. Much blood in stomach and intestines. A round acute perforation at the beginning of the jejunum. Aortic stenosis from calcification and adhesions of cusps. Suprarenal tissue plastered on one kidney. (Tuberculosis negative.)

BRONCHO-PNEUMONIA, INFLUENZAL PNEUMONIA, ETC.

- 155/25 M. 52.—Red granular kidneys. Hypertrophied and dilated heart. Cerebral haemorrhage. *Slight broncho-pneumonia*.

- 213/25 M. 29.—Acute nephritis (? epidemic), after cellulitis of hand. *Broncho-pneumonia and pleurisy.*
- 207/25 M. 70.—Intestinal obstruction from adhesions. *Early broncho-pneumonia.* Meckel's diverticulum. Atheroma of coronaries.
- 4/26 M. 67.—Carcinoma of pancreas. *Broncho-pneumonia.*
- 11/26 M. 55.—*Purulent bronchiolitis and broncho-pneumonia.* Cirrhosis of liver. Moderate hypertrophy of left ventricle. Atheroma of coronaries and cerebral vessels. Patent foramen ovale.
- 47/26 M. 44.—Pulmonary tuberculosis with fibrosis, perhaps on silicosis, with a cavity and marked secondary emphysema. *Some broncho-pneumonia.*
- 84/26 F. 62.—*Broncho-pneumonia and lobar spread.*
- 108/26 M. 45.—*Aberrant pneumonia, probably influenzal (partly haemorrhagic).* Horseshoe kidneys with abnormal vessels.
- 112/26 M. 81.—*Broncho-pneumonia.* Cloudy swelling. *Soft spleen.* Diverticulitis of sigmoid. Atheroma of coronaries and aorta.
- 126/26 M. 65.—Carcinoma of head of pancreas. Fine cirrhosis of liver; distended gall-bladder and ducts, jaundice. *Broncho-pneumonia.* Atrophic kidney with dilated pelvis. Enlarged prostate.
- 185/26 M. 21.—Septic tonsillitis and pharyngitis, probably not scarlatinal. Haemorrhagic rash. *Small area of broncho-pneumonia.*
- 147/26 M. 84.—Dilated, somewhat hypertrophied heart. Atheroma of coronaries (rigid), radial, abdominal aorta, superior mesenteric. Kidneys nearly normal. *Broncho-pneumonia and hypostatic pneumonia.* Small polyps of colon and stomach.
- 145/26 M. 68.—Collapse of lung from fish vertebrae inhaled 10 years before, organisation, dilated bronchus. *Broncho and hypostatic pneumonia.* Peripheral neuritis (probably). Early unsuspected carcinoma of rectum. Small secondary deposit in liver.
- 4/27 F. 64.—*Oedema and congestion of lungs.* Brown atrophy of heart. Parenchymatous degeneration of liver and adrenals. Fibromyoma of uterus. Two submucous lipomata of colon. *Toxaemia from broncho-pneumonia.*
- 80/27 M. 63.—Carcinomatous mass in mesentery, secondary glands along aorta and in mediastinal and bronchial glands, lymphatic extension along the bronchioles of both lungs. *Broncho-pneumonia and oedema of lungs.* Obstruction of the common bile duct from new growth. Ecchondroses of lumbar intervertebral discs. Suprarenals plastered on both kidneys in and under capsules.
- 83/27 M. 62.—Scirrhus carcinoma of pylorus, extension to peritoneum and glands (portal, etc.), small deposits in liver, *extensive broncho-pneumonia perhaps associated with infarction.* Some emphysema.
- 84/27 M. 68.—Scirrhus carcinoma of pylorus, extension to peritoneum and glands (lesser curvature, portal). *Pneumonia of lobar extent.* Emphysema.
- 90/27 M. 22.—Malignant endocarditis on sclerosed aortic valve (probably post-rheumatic.) Infarct in lung. Old infarct of kidney. *Broncho pneumonia.*
- 119/27 M. 18.—Renal rickets. Greatly dilated bladder. Distended ureters and double hydronephrosis without any urethral obstruction. Knock-knees, rickety rosary and enlarged

- lower ends of tibiae and fibulae. *Some broncho-pneumonia*. Punctate haemorrhages in brain, especially pons. *Uraemia*.
- 177/27. F. 37.—Carcinoma of stomach (leather-bottle). Deposits in liver, adjacent lymph glands, lungs, both ovaries, diaphragm, and extensive deposits in calvarium, dura mater, base of skull and orbits. Subdural haemorrhage. *Secondary pneumonia*. ?Persistent thymus. (Tuberculosis negative.)
- 202/27 F. 14 months.—*Broncho-pneumonia after measles*. Some interstitial emphysema. (Tuberculosis negative.)
- 205/27 M. 17 months.—Flexner dysentery with erosions in the colon. *Some collapse*, interstitial emphysema and *broncho-pneumonia* following whooping cough. Hypoplasia of enamel. (Tuberculosis negative.)
- 41/28 F. 2.—(Half-caste). *Broncho-pneumonia after whooping cough*. Agonal intussusceptions. (Tuberculosis negative.)
- 49/28 M. 63.—*Broncho-pneumonia* with some silicosis (miner). Pernicious anaemia (?), red femur marrow. Old pyloric scar and some hypertrophy of pylorus. Slight ulceration of ileum. Large spleen (*Death—broncho-pneumonia* and pernicious anaemia). (Tuberculosis doubtful.)
- 7/28 M. 66.—Chronic interstitial nephritis. Ulcerative entero-colitis. *Broncho-pneumonia*. (Tuberculosis negative.)
- 2/28 F. 79.—Purulent peritonitis. Umbilical hernia with omentum and obstructed transverse colon. Auricular fibrillation. Hypertrophied and dilated heart with oedema and ascites with some chronic sclerosis of valves. *Some broncho-pneumonia*. Bedsore. (Tuberculosis negative.)
- 54/28 M. 46.—Saccular aneurysm of arch of aorta bulging into bifurcation of trachea. Syphilitic aortitis. Hypertrophy of left ventricle. *Purulent bronchitis and pneumonia* with some organisation at both bases. Small papillary adenoma of kidney. (Tuberculosis negative.)
- 93/28 M. 60.—*Hypostatic congestion and broncho-pneumonia*. Some renal fibrosis. Atheroma of aorta. Some sclerosis of mitral valve. Thick splenic capsule.
- 105/28 M. 73.—Colloid carcinoma, probably originating in gall-bladder, with much involvement of omentum and retroperitoneum. Gallstones. *Broncho-pneumonia*.
- 109/28 M. 63.—Myeloid leukaemia. Very large firm spleen with large soft infarct. Haemosiderin liver. Malignant aortic endocarditis (streptococcal) with infarcts in kidney and apex of left ventricle. Renal calculi with slight hydronephrosis and gravel. Intestinal adhesions leading to constriction of bowel. *Some broncho-pneumonia*. Bedsore (Tuberculosis negative).
- 145/28 M. 33.—*Broncho-pneumonia*. Cloudy swelling. (Tuberculosis negative.)
- 117/28 M. 32.—Syphilitic aortitis. Cardiac hypertrophy and dilatation. Chronic venous congestion of liver. Small a.n. thrombi in right auricular appendix. *Some broncho-pneumonia*. (Tuberculosis negative.) (Wassermann positive.)
- 187/28 F. 28.—*Broncho-pneumonia*. Left kidney only $\frac{1}{2}$ oz., dwarfed but microscopically normal. Stuporose for 12 days. No brain lesion microscopically.

- 148/28 M. 35.—Old perineal fistulae with hypertrophied bladder and cystitis and double hydronephrosis with perinephritis. Cellulitis and gangrene of scrotum and penis. *Broncho-pneumonia*. Pancreatic plaque in wall of jejunum.
- 110/28 F. 68.—Pernicious anaemia with haemosiderin liver, red bone-marrow and small spleen. Emphysema and *broncho-pneumonia* and excess of pericardial fluid. (Tuberculosis positive, healed.)
- 122/28, M. 56.—Pelvic abscess secondary to appendicitis. General peritonitis and collections of pus between the coils of intestines. *Broncho-pneumonia*, congestion, oedema and some emphysema of the lungs. Cloudy swelling of liver and kidneys. (Tuberculosis negative.)
- 143/28 M. 66.—Cerebral haemorrhage (right caudate nucleus). Old softening of left Rolandic area. Atheroma of vessels at base of brain. *Broncho-pneumonia of almost lobar extent*. Granular contracted arterio-sclerotic kidneys. Hypertrophied heart. (Tuberculosis positive, healed.)
- 152/28 M. 36.—Small pale granular kidneys with peri-nephritic abscess on left side. Hypertrophied left ventricle. Atheroma and syphilitic aortitis. Several superficial ulcers of stomach. *Some broncho-pneumonia*. Healed ulcers in ileum. Calcified mesenteric glands. (Tuberculosis positive, healed.)
- 180/28 M. 18.—Peritoneal and pelvic abscesses, intestinal adhesions and faecal fistula secondary to appendicectomy at sea. Cloudy swelling. *Broncho-pneumonia*. (Tuberculosis negative.)
- 184/28 F. 56.—Obliteration of coronary branch with infarction of wall of left ventricle and ante-mortem clot in left ventricle and small one at apex of right. Recent and old infarcts of lungs. *Broncho-pneumonia*. Gallstones. Softening of frontal lobe. (Tuberculosis negative.) (Wassermann negative.)
- 188/28 F. 84.—Cerebral softening from atheromatous occlusion. Advanced atheroma. *Broncho-pneumonia* and emphysema. Distorted liver. Some renal fibrosis. Commencing gangrene of foot. Glandular polyp of uterus. (Tuberculosis negative.)
- 200/28 M. 69.—Hypertrophied and dilated heart (22½ozs.). Nutmeg liver. Some chronic interstitial nephritis. *Broncho-pneumonia*. Atheroma of abdominal aorta. Subacute ulcer of lesser curvature of stomach. Submucous lipoma (?) of small intestine. Small papillary adenoma in kidney. (Tuberculosis negative.) (Wassermann negative.)
- 201/28 M. 84.—Chronic osteo-myelitis of parietal bone secondary to trauma 40 years ago. Septic meningitis, left cerebral abscess. *Broncho-pneumonia*. Atheroma of aorta. Gallstones. (Tuberculosis positive, healed.)
- 205/28 F. 52.—Myxoedema (under treatment), atrophied thyroid. *Broncho-pneumonia*. Old infarctions in both kidneys. Oedema of brain. Atheroma of cerebral vessels, coronaries and aorta. (Tuberculosis positive, healed.)
- 227/28 M. 70.—*Broncho-pneumonia*. Pulmonary infarcts. Atheroma of aorta. (Tuberculosis positive, healed.)

- 3/29 F. 37.—*Broncho-pneumonia of both lungs (probably influenzal).* Some subacute ulcerative colitis, perhaps due to bacillary dysentery. Bedsore. (Tuberculosis negative.)
- 4/29 F. 28.—Caseous tuberculous focus in lung with miliary spread. Tuberculous meningitis. *Broncho-pneumonia.* Healed mitral verrucose endocarditis ? rheumatic. (Tuberculosis negative.)
- 6/29 M. 46.—*Purulent bronchitis and broncho-pneumonia.* Toxaemia. Epileptic fits and coma (brain not examined). (Tuberculosis negative.) (Wassermann negative on C.S.F.)
- 8/29 M. 3.—Diphtheria with membrane in trachea. *Some broncho-pneumonia* and collapse. Dilated heart. (Tuberculosis negative.)
- 9/29 M. 78.—Capillary haemorrhages and softenings of left frontal region. *Broncho-pneumonic patches in both lungs.* Dilatation of first part of aorta with some atheroma. (Tuberculosis negative.)
- 12/29 M. 56.—*Broncho-pneumonia and oedema of lungs probably influenzal.* Hypertrophy of heart (22½ozs.). Aortic cusps calcified and shrunken (probably healed subacute malignant endocarditis); atheroma in aortic cusp of mitral and in coronaries. (Tuberculosis negative.)
- 14/29 M. 64.—Aneurysm of descending thoracic aorta with rupture into left lung. Syphilitic aortitis. *Some broncho-pneumonia.* Gallstones. Old infarct in left kidney. (Tuberculosis negative.)
- 19/29 M. 52.—*Extensive broncho-pneumonia with bronchitis* and some pleurisy. Hypertrophied heart (15½ozs.). Some renal fibrosis. Atrophy of one testis. Small fibrosed nodules on spleen and liver. Atheroma of aorta and cerebral vessels. (Tuberculosis positive, healed.)
- 21/29 F. 54.—Inflammatory pleuritic effusion, *some oedema and compression of lungs, probably following influenzal pneumonia.* Purulent sinus in neck leading down to cervical spine. Sacral bedsore. Cloudy swelling of liver and kidneys. Small ovarian dermoid. (Tuberculosis positive, healed.)
- 22/29 F. 81.—*Chronic bronchitis with secondary broncho-pneumonia.* Dilated right heart with failure and auricular fibrillation. Atheroma of aorta. Hydrops of gall bladder with facetted gallstones. (Tuberculosis positive, healed.)
- 36/29 M. 14.—*Broncho-pneumonia and collapse following tonsillectomy* and operation on antrum. (Tuberculosis negative.)
- 53/29 M. 71.—Cerebral softening. Atheroma of cerebral vessels. *Some broncho-pneumonia.* Emphysema. Kidneys somewhat granular, some cardiac hypertrophy. Calcified hydatid (?) of liver. Double hydrocele.
- 70/29 M. 67.—*Chronic bronchitis* with fibrosis of lungs, *oedema and irregular pneumonic consolidation.* Intense atheroma of aorta. Necrotic ulcer in stomach probably from vascular occlusion from atheromatous ulcer. (Tuberculosis negative.)
- 79/29 M. 71.—*Chronic bronchitis with congested lungs and some pneumonia, not resolving.* Some hypertrophy and dilatation of both ventricles, cause not ascertained. Stomach distended. (Tuberculosis negative.)
- 87/29 M. 32.—Pus in left middle ear and sphenoidal cells. Purulent meningitis. Purulent infection of left hand between 2nd and 3rd metacarpel bones. Diphtheritic membrane

- on left tonsil (K.L.B. positive in life). *Broncho-pneumonia*. Toxaemia. (Tuberculosis negative.)
- 104/29 F. 60.—Purulent basal pleurisy on each side with general purulent peritonitis. *Bases of lungs red, somewhat friable, perhaps resolving pneumonia at right base*. Cloudy swelling. Meckel's diverticulum. P.M. digestion of stomach. (Tuberculosis negative.)
- 107/29 F. 71.—Cirrhosis of liver, ascites, oedema of legs. *Oedema of lungs with patches of red hepatisation*. Atheroma of coronaries and abdominal aorta. Pneumococcal purulent mastoiditis on right. Old calcified hydatid in portal fissure. (Tuberculosis positive, healed.)
- 114/29 M. 8½ months.—*Congestion of trachea with some purulent exudate, some collapse and some pneumonia, embarrassed croupy respiration, no diphtheria bacilli grown*. Some excess of clear pericardial fluid. Congestion of kidneys. (Tuberculosis negative.)
- 117/29 M. 65.—Suppurating hydatid of right lobe of liver; leakage and general peritonitis. *Some secondary pneumonia*. Right inguinal hernia.
- 119/29 M. 54.—Organised lobar pneumonia (red beefy lung) in left lower lobe. *More recent broncho-pneumonia, emphysema, congestion and oedema of lungs*. Slight cloudy swelling and interstitial changes in kidneys. (Tuberculosis negative.)
- 134/29 M. 37.—Intestinal obstruction due to partial volvulus. Escape of faeces. Peritonitis. *Broncho-pneumonia*. (Tuberculosis negative.)
- 139/29 M. 70.—*Broncho-pneumonia* with emphysema. Atheroma of aorta and coronaries. Calcification of aortic cusps. Carcinoma of prostate. Chronic cystitis. Some hydronephrosis of kidneys. Sclerosis of head of pancreas. (Tuberculosis positive, healed.)
- 150/29 F. 50.—Extradural haemorrhage. Alcoholic and chlorodyne addict. *Some broncho-pneumonia and oedematous lungs*. Fatty dilated heart. Some chronic nephritis. Nutmeg liver. (Tuberculosis negative.)

LOBAR PNEUMONIA.

- 96/25 M. 60.—*Lobar pneumonia*. Pneumococcal meningitis.
- 199/25 M. 71.—*Lobar pneumonia*. Pseudomyxoma peritonei from dilated mucoid appendix.
- 58/26 M. 36.—*Lobar pneumonia with grey hepatization passing into purulent infiltration with pleuritic exudate*. (Alcoholic.) Some hypertrophy of left ventricle. *Liver large, cloudy swelling*.
- 67/26 M. 65.—*Double irregular lobar pneumonia (?influenzal type, alcoholic)*. Emphysema. Double hydrocele. Two cusps to aortic valve, one with calcified mass in centre.
- 88/26 M. 56.—*Lobar pneumonia (red passing to grey hepatization)*. Congenital displaced right kidney.
- 92/26 M. 59?—*Lobar pneumonia*. Early pericarditis. Small tuberculous cavity in upper lobe of other lung with some miliary tubercles. Acute gastric ulcer. Pyloric hypertrophy (from achalasia).
- 146/26 M. 46.—*Grey hepatization passing into purulent softening*.
- 117/26 M. 45.—*Gangrene of lung. Pneumonia with grey hepatization and organisation*.

- 26/27 M. 65.—(Head only.) Paralysis agitans. Died from *lobar pneumonia*.
- 75/27 M. 50.—*Lobar pneumonia*. Areas of necrosing (?) lung. Chronic gastric ulcer. Old organised vegetation on pulmonary valve.
- 102/27 M. 71.—*Lobar pneumonia, red hepatization passing into grey*. Hypertrophied heart (17½ozs.) without valvular or renal cause.
- 183/27 M. 66.—*Lobar pneumonia, red hepatization. Pleuritic fibrinous exudate. Cloudy swelling*. Splenunculus. Adenomatous prostate.
- 186/27 M. 26.—*Lobar pneumonia, grey hepatization* passing into (probably) organisation and early abscess formation. *Pleuritic exudate*. Petechiae on pleura and pericardium. Cloudy swelling. Minute cortical renal adenoma. Psoriasis. (Tuberculosis negative.)
- 11/28 M. 58.—*Lobar pneumonia*. Multilobular cirrhosis with ascites. Bile-pigment calculi (Tuberculosis positive, healed, one apex.)
- 22/28 M. 54.—*Lobar pneumonia (atypical)*. Death (?) from suffocation from brown paper and sheet in mouth. Old hydatids of liver.
- 62/28 M. 55.—*Lobar pneumonia*. Double purulent pleurisy with left empyema. Compression of bases of lungs. *Cloudy swelling*. Temporary obstructive jaundice. (Tuberculosis negative.)
- 91/28 M. 47.—*Lobar pneumonia of right base and compensatory emphysema of right upper lobe, compression of left lung*. Large heart with nutmeg liver. (Tuberculosis negative.)
- 100/28 M. 45.—*Lobar pneumonia, grey hepatization, all of right lung except part of anterior border*. Hypertrophy of left ventricle. *Cloudy swelling of liver and kidneys*. Reddish bone marrow. Osteo-arthritic outgrowths of intervertebral discs. (Tuberculosis negative.)
- 104/28 M. 41.—*Lobar pneumonia with complete grey hepatization of right lung and patches in left, also a patch of red hepatization (?) in left lung. Pleuritic exudate at right base. Cloudy swelling of liver and kidneys*. (Tuberculosis negative.)
- 147/28 M. 35.—*Lobar pneumonia, both lungs*. (Tuberculosis negative.)
- 203/28 M. 63.—*Pneumonia*. Hypertrophy of left ventricle. Some fibrosis of kidneys. Right hydrocele of the cord. (Tuberculosis negative.)
- 212/28 M. 35.—*Lobar pneumonia with pleuritic exudate and fibrinous pericarditis. Cloudy swelling*.
- 5/29 M. 58.—*Lobar pneumonia passing into purulent infiltration. Cloudy swelling*. Auricular fibrillation. (Tuberculosis positive.)
- 20/29 M. 49.—*Lobar pneumonia, somewhat atypical, with oedema of rest of lung tissue*. Hypertrophied left ventricle (weight 19ozs.). *Cloudy swelling of kidneys*. Atheroma of cerebral vessels, aorta and coronaries. (Tuberculosis negative.)
- 24/29 M. 54.—*Lobar pneumonia (grey hepatization)*. Some emphysema, fibrotic right upper lobe. Calcified plaque (old empyema) in pleura. Moderate hypertrophy of heart (17½ozs.). *Cloudy swelling*. Early red granular kidneys. (Tuberculosis positive, healed.)

- 31/29 F. 60.—*Pneumonic consolidation at left base with early organisation. Emphysema. Synechia pericardii. Facetted gallstones. Agonal intussusception. Small area of cerebral softening. (Tuberculosis negative.)*
- 175/28 M. 46.—*Double lobar pneumonia with empyema and early pericarditis. Cloudy swelling of organs. Slight old duodenal scar. (Tuberculosis negative.) (Wassermann negative.)*
- 176/26 F. 60.—*Lobar pneumonia in both lungs, in one grey hepatization, probably passing into diffuse purulent infiltration, pleurisy, and pericarditis. Purulent otitis media. Old tuberculous lesion in one kidney. Thyroid small. (Tuberculosis positive, healed.)*
- 192/28 M. 72.—*Hypertrophied heart (weight, 18½ ozs.). Brown induration of lungs with infarcts and left-sided lobar pneumonia. Nutmeg liver, chronic venous congestion of spleen. Slight fibrosis of kidneys. Hypertrophy probably due to high blood pressure. Atheroma of descending aorta and cerebral vessels. Enlarged middle lobe of prostate. Coils of small intestine bound together by adhesions. (Tuberculosis negative.)*
- 34/29 M. 34.—*Pyonephrosis of right kidney, dilatation of ureter, ulceration of bladder. Lobar pneumonia and bronchiectasis. Dilatation of heart. (Tuberculosis positive, healed.)*
- 54/29 F. 66.—*Lobar pneumonia (grey hepatization of right upper lobe). Dilated right heart, auricular fibrillation. Cloudy swelling. Left calculous pyonephrosis. (Tuberculosis negative.)*
- 56/29 M. 60.—*Lobar pneumonia, rather patchy, with grey hepatization in right lung. Fibrinous pleural exudate over left lung with some compression. Cloudy swelling. Pneumococci grown. (Tuberculosis negative.)*
- 99/29 M. 46.—*Purulent pericarditis and right-sided pleurisy. Oedema of both lungs and some pneumonia, probably originally lobar. Cloudy swelling. (Tuberculosis negative.)*
- 103/29 M. 33.—*Lobar pneumonia (grey hepatization) with fibrinous pleurisy and pericarditis. Cloudy swelling of liver and kidneys. Enlarged soft spleen. Pneumococci and streptococci grown. (Tuberculosis negative.)*

HYPOSTATIC PNEUMONIA.

- 127/25 M. 69.—*Crushed left forearm with fractures. Hypostatic pneumonia. Small cyst on margin of liver.*
- 104/25 M. 46.—*Fracture of skull. Secondary streptococcal meningitis. Hypostatic pneumonia. Soft bile-pigment calculi.*
- 85/25 M. 74.—*Fibrotic ? malignant prostate. Contracted bladder. Dilated ureters. Surgical kidneys, etc. Emphysema. Collapse. Compression and hypostatic pneumonia. Pleural effusion.*
- 126/25 M. 58.—*Fractures of skull, forearm. Subdural haemorrhage. Hypostatic pneumonia. Hypertrophied heart. Aortic valve thickened and puckered.*
- 161/25 M. 41.—*Glioma with softening. Broncho-pneumonia and hypostatic pneumonia. Emphysema.*
- 162/25 M. 69.—*Diabetic gangrene of foot. Hypostatic pneumonia. Large soft jaundiced liver. Hypertrophy of left ventricle.*

- 164/25 F. 47.—Soft tissues of chest wall pierced by shaft. Wounds healing. *Hypostatic pneumonia*. Tympanites.
- 166/25 M. 58.—*Hypostatic pneumonia*. Dilated heart.
- 174/25 M. 38.—Crushed by electric crane. Ruptured spleen and kidney. *Hypostatic pneumonia* (? aided by trauma).
- 190/25 F. 39.—Pelvic abscess and intestinal adhesions with ulcerations. *Hypostatic pneumonia*. Gallstones.
- 167/25 M. 75.—Purulent cystitis. Acute pyelo-nephritis with some hydro-nephrosis. *Hypostatic pneumonia*.
- 170/25 F. 69.—Carcinoma of pancreas, deposit in liver. *Hypostatic and broncho-pneumonia*. Gallstones. Dilated stomach. Some interstitial nephritis.
- 1/26 M. 74.—*Hypostatic pneumonia*. Aortic atheroma. Fibrotic prostate.
- 222/25 F. 65.—Cerebral haemorrhage. *Hypostatic pneumonia*. Atheroma of aorta and circle of Willis. Small uterine fibroids and polyp.
- 69/26 M. 68.—Chronic interstitial nephritis. Hypertrophied heart. Small specks (white) in spleen. *Hypostatic pneumonia*.
- 72/26 M. 38.—Fracture of ribs. *Hypostatic pneumonia*.
- 106/26 M. 37.—Concussion. Abrasions. *Hypostatic pneumonia*.
- 148/26 M. 49.—Carcinoma of rectum. Extension towards prostate. Abundant pelvic adhesions and abscesses. Small plaque on wall of small intestine. Secondary deposits in lung. *Hypostatic pneumonia*.
- 135/26 M. 74.—Gangrenous bed sore. Parkinsonian syndrome (? post-encephalitic). Spastic paraplegia. *Hypostatic pneumonia*. Slight arterio-sclerotic kidneys. Atheroma of abdominal aorta.
- 188/26 M. 25.—Calcification and retraction of aortic cusps secondary to rheumatic fever or malignant endocarditis. Great hypertrophy and dilatation of heart. Chronic venous congestion of spleen, liver, kidneys. *Hypostatic pneumonia*.
- 23/27 F. 60.—Melancholic dementia. "Status epilepticus." *Commencing hypostatic pneumonia*. Racemose tubercles in both upper lobes. Congestion of kidneys. Varicose pampiniform plexus with phleboliths. Stalk of pituitary with small calcified area and fibrosis.
- 45/27 M. 87.—Partly negro. Enlarged prostate. Haemorrhage in bladder after decompression, cystitis. Gallstones and probably biliary obstruction. *Slight hypostatic pneumonia*. Calcified plaque in spleen. Two polyps of colon. Slight diverticulitis.
- 86/67 M. 68.—Carcinoma of sigmoid colon, colostomy, infiltrated and infected wound, secondary deposit in liver. Atrophic emphysema. *Hypostatic pneumonia*. Brown atrophy of heart. Atheroma of abdominal aorta and coronaries. Small prostatic calculi.
- 92/27 M. 48.—Aneurysm of thoracic aorta with syphilitic aortitis and compression of one lung. *Hypostatic pneumonia*. (Positive Wassermann.)
- 110/27 M. 60.—(Head only.) Cerebral haemorrhage. *Probably also hypostatic pneumonia*.
- 98/27 M. 59.—Retroperitoneal abscess below the pancreas probably secondary to infective cholecystitis and gallstones. Extension to the body of the pancreas with extensive

haemorrhage and fat necrosis. Gallbladder fistulae, gallstones, dilatation of common duct. *Some pneumonia.*

- 99/27 M. 42.—Numerous scabs and small abscesses (*S. aureus*) in skin and subcutaneous tissues. Deeper abscesses in neck. Chronic ulcers of jejunum. *Hypostatic pneumonia.* Ascaris.
- 108/27 M. 75.—Epithelioma of epiglottis. Extension to glands on both sides of neck with ulceration and purulent infiltration. Gall bladder contracted with a sinus into the duodenum which is adherent to its remnants. *Hypostatic pneumonia.*
- 115/27 M. 54.—Foul-smelling chronic bile-stained abscesses of large size in the left lobe of the liver. Escape of chocolate pus into peritoneum prevented by recent omental adhesion. Hypertrophy and cloudy swelling of right lobe. Jaundice. *Hypostatic pneumonia.* Hypertrophy and some dilatation of heart.
- 127/27 M. 65.—Carcinoma of descending colon. Growth very necrosed and mushy. (Lead treatment). Intestinal adhesions. Colostomy. *Some hypostatic pneumonia.*
- 132/27 M. 35.—Cerebello-pontine angle tumour. *Hypostatic pneumonia.* (Wassermann negative). (Tuberculosis positive, healed).
- 135/27 M. 70.—Epithelioma in submental region, origin? *Hypostatic congestion of lungs.* (Tuberculosis negative).
- 185/27 M. 75.—(Partial p.m.) Carcinoma of the prostate (unsuspected). Large secondary deposit in lamina of spinous process of first dorsal vertebra pressing on spinal cord. *Hypostatic pneumonia.* Bed sore. (Wassermann negative).
- 189/27 M. 74.—Ulcers of stomach with peritoneal adhesions. *Hypostatic pneumonia.* (Tuberculosis positive, quiescent). Wassermann negative).
- 217/27 F. 65.—Carcinoma of cardiac end of stomach, adherent to diaphragm and liver, deposits in each suprarenal. Marked atheroma of aorta with thrombosis in lower part extending into iliacs. Commencing gangrene of both feet. *Pneumonia.* Some amyloid disease (?) of liver and kidneys. (Tuberculosis negative).
- 27/28 F. 81.—Red granular contracted kidneys. Hypertrophy and dilatation of heart. A.m. clot in right auricular appendix. Infarcts in right lung. Emphysema. *Hypostatic pneumonia.* Much atheroma of abdominal aorta and vessels at base of brain. Some chronic venous congestion. Small chylous cyst in small intestine. Small polyp in cervix uteri. (Tuberculosis negative).
- 96/28 M. 74.—Pernicious anaemia. Moderate haemosiderin in liver, spleen and kidneys, largish spleen. Red bone marrow. *Some hypostatic pneumonia.* Bedsores. Healed ulcers in colon. Small renal calculus. Small bile-pigment calculi. (Tuberculosis positive, healed).
- 115/28 M. 69.—Old urethral sinuses. Chronic cystitis and foul urine. Right sided pyelitis. *Hypostatic pneumonia.* Small traction diverticulum in oesophagus near bifurcation of trachea. (Tuberculosis positive, healed).
- 125/28 M. 24.—Glioma of corpus callosum. Decompression. Hernia cerebri. *Some hypostatic congestion passing into hypostatic pneumonia.* (Tuberculosis negative). (Wassermann negative).

- 132/28 M. 68.—Hypertrophy and dilatation of heart (weight 24½ozs.) affecting both sides without apparent cause. Apparently no high blood pressure. Auricular fibrillation. Chronic venous congestion of liver, spleen, and kidneys. Some pericardial adhesions. *Some hypostatic pneumonia*. Oedema and eczema of legs. Double hydrocele. (Tuberculosis negative).
- 113/28 M. 57.—Greatly dilated and hypertrophied heart with cardiac failure and chronic venous congestion of liver, spleen, and kidneys. Slight renal fibrosis present insufficient to account for hypertrophy. Brown induration of lungs and *hypostatic pneumonia*. Atheroma of abdominal aorta and vessels in right frontal lobe and left cerebellar hemisphere. Recent haemorrhage in left parietal region. Small intestines in a peritoneal sac. (Tuberculosis negative).
- 141/28 F. 53.—Softened area in right lenticular nucleus. Red granular contracted kidneys. Slight hypertrophy of left ventricle. Emphysema. *Some hypostatic pneumonia*. Bed-sores. (Tuberculosis positive, healed). (Wassermann negative).
- 170/28 M. 60.—Adherent pericardium with some hypertrophy and considerable dilatation of heart and left pleuritic adhesions. No other causes found of hypertrophy. *Hypostatic pneumonia*. Chronic venous congestion of lungs, liver, and kidneys. Thick curved sclerotic tibia. (Tuberculosis negative.)
- 189/28 M. 44.—Tumour or softening of left post-central gyrus (speech affected). *Hypostatic pneumonia*. Emphysema. (Tuberculosis negative.) (Wassermann negative.)
- 27/29 M. 65.—Cerebral softening from vascular occlusion. *Hypostatic pneumonia*. Scirrhus nodule in pancreas. Slight double hydrocele. (Tuberculosis negative).
- 38/29 M. 46.—Fractured skull, intradural haemorrhage, laceration of brain. *Hypostatic pneumonia*.
- 50/29 M. 71.—Enlarged prostate, hypertrophied and dilated bladder, dilated ureters and renal pelves, left-sided perinephritic suppurative infiltration. Cerebral softening with atheroma. Emphysema. Dilated right heart. Auricular fibrillation. *Some hypostatic pneumonia*. Atheroma of aorta. Gallstones. Inguinal hernia. Small cyst on brim of pelvis. Skull in section reddish (? early Paget's disease). (Tuberculosis negative).

ATYPICAL PNEUMONIAS (see previously other headings).

- 179/26 M. 30.—Fracture of sternum and of a rib. Fractured skull. Laceration of brain. *Pneumonia and pleurisy*. Haemothorax.
- 70/26 M. 45.—Malignant aortic endocarditis (streptococcal). Old infarcts of spleen, kidney. *Secondary pneumonia*. Gall-bladder contracted on stones.
- 111/26 M. 47.—*Lobar pneumonia, atypical, red, perhaps early organisation*. Large fibro-fatty liver with simple cysts. Fatty infiltration and hypertrophy of heart. Distended stomach and intestine to splenic flexure, thence contracted, ? reflex. Phleboliths in pelvic veins.
- 159/26 M. 72.—*Early organisation of lung after pneumonia*. Recent grey hepatization. Dilated right heart. *Alcoholic*.

- 37/27 M. 39.—Fulminating pneumococcal meningitis (brain very congested). *Irregular red hepatization of lungs.* Bronchiectatic cavity at right apex. ? G.P.I.
- 118/27 M. 19.—Operation for gangrene of the appendix. Retrocaecal abscess. Purulent phlebitis of ileo-colic vein, extending to superior mesenteric and portal vein with extensive portal pyaemia in liver. Jaundice. *Haemorrhagic pneumonia of left lung.* Large spleen. Cloudy swelling of kidneys. Chronic ulcer of duodenum. Caseous mesenteric gland.
- 219/27 M. 22.—Caseous tuberculous focus in right kidney. Tuberculous meningitis. Small tuberculous (?) ulcer in ileum. Some tubercles in lungs. *Red hepatization in one lung.* Synechia pericardii. (Tuberculosis positive). (Wassermann negative).
- 66/28 M. 65.—Peritonitis. Appendiceal abscess. *Some aspiration pneumonia.* (Tuberculosis negative.)
- 142/28 M. 46.—*Irregular lobular pneumonia with red and grey hepatization and bronchitis.* Purulent pleurisy and meningitis. Some pulmonary tuberculosis with a cavity, and small ulcers in the ileum. (Tuberculosis positive.)
- 134/28 M. 74.—*Lobar pneumonia of rather patchy nature in both lower lobes.* Dilated right heart. Atheroma and calcification of coronaries. Atheroma of abdominal aorta, arch and vessels of brain. (Tuberculosis negative.)
- 213/28 M. 49.—*Atypical pneumonia in right lower lobe, probably influenzal* Extensive old pulmonary tuberculosis with much fibrosis, probably silicosis (has been a Broken Hill miner), with more recent miliary spread. Tuberculous ulcers of intestine. Calcified mesenteric gland. (Tuberculosis positive.)
- 215/28 M. 42.—*Atypical lobar pneumonia with organisation* and probably early tuberculous infiltration and some old fibrosis. Congenital absence of fingers and their metacarpals on left hand. (Tuberculosis positive.)
- 241/28 M. 49.—*Imperfectly resolved pneumonia with a broad band of purulent infiltration.* Miliary silicosis and hard mediastinal glands. Cloudy swelling of liver and kidneys. (Tuberculosis negative.)
- 59/29 M. 69.—Carcinoma of pylorus with carcinomatous ulcer and invasion of serous coat and extensive peritoneal seeding especially in omentum, iliac fossae and pelvis, with ascites. Free HCl in stomach. *Some pneumonic consolidation with very early organisation commencing.* Atrophic testis. Minute bile-pigment calculi. (Tuberculosis negative.) (Wassermann negative.)
- 68/29 F. 23.—*Considerable diffuse red pneumonic consolidation in both lower lobes.* Pale yellow liver, fatty with cloudy swelling. No other lesions of importance. Admitted irritable, no T. at first. Diagnosis obscure, evidently toxæmic with cerebral symptoms. *Perhaps an influenzal condition with small patch of central pneumonia followed later by extensive consolidation.* (Tuberculosis negative.)
- 112/29 F. 23.—Convalescing measles. *Irregular pneumonia with also probably old infarcts.* Haemorrhagic suprarenals (infarction). Extra digit on right hand.

- 113/29 M. 73.—*Atypical pneumonia of left lung speckled with pale spots due to early abscesses.* Much emphysema with enormous bullae. Carcinoma of caecum with deposits in mesentery, abdominal aortic glands, left bronchial glands, left supraclavicular gland. Secondary deposit in meninges dimpling cerebellum. Much atheroma of aorta. Inguinal hernia. (Tuberculosis negative.)

ABSCESSSES AND PYAEMIC FOCI IN THE LUNGS.

SEPTIC PNEUMONIA.

- 81/25 F. 18.—Puerperal state—pelvic cellulitis extending to iliac bone. Femoral thrombosis. *Infarcts (?) and pyaemic foci, lungs.*
- 88/25 F. 34.—Operation for acute mastoiditis, secondary abscess in neck to mediastinum. Internal jugular vein thrombosed. *Pyaemic focus in lung.* Placental polyp in uterus.
- 224/25 F. 64.—*Pulmonary abscesses* (one perhaps tuberculous), ? following pneumonia, organisation.
- 177/25 M. 84.—*Septic pneumonia.* Cerebral haemorrhage. Atheroma of vessels at base of the brain. Moderately atrophic kidneys. Hypertrophy of left ventricle.
- 39/26 M. 62.—Squamous epithelioma of oesophagus. Perforation into left pleura. *Septic broncho-pneumonia and pulmonary abscess.* Gastrostomy with sloughing wound and local peritonitis. Small adenomata in kidneys. Calcified mesenteric glands.
- 157/26 M. 19 (prob. 25).—(Partial examination.) *Old empyema. Abscess cavities in lung.* Organisation of lower lobe with scattered foci with giant cells. Cloudy swelling. P.m. digestion of stomach. Tuberculous (?) meningitis.
- 203/26 F. 49.—Abscess in Douglas' Pouch. *Secondary abscess or suppurating infarction in lung.* Atheroma of aorta and cerebral softening. Hypertrophied heart. Death due to toxæmia and interference with blood supply to brain.
- 109/26 M. 58.—*Abscess after pneumonia.* Two posterior cusps of pulmonary valve partly united. Small a.m. clot in apex of left ventricle. Calcified hydatid (?) of liver. Thromboses in inferior vena cava and iliacs. Carcinoma of rectum (colostomy). Old ulcers of caecum (burrowing). Large congenital polycystic kidneys.
- 27/27 M. 36.—Multiple superficial scarring ulcerations of small intestine. Scarring of duodenum probably of similar origin. Some hypertrophy of the pylorus. Sound gastro-jejunostomy wound. *Small abscess-cavity in lung, probably from inhalation pneumonia.* Shock following removal of part of jejunum.
- 40/27 M. 23.—Otitis media. Mastoiditis. Meningitis. *Pyaemic abscesses of lungs.*
- 68/27 M. 43.—Multiple large abscesses of liver with some (?) infarction. *Small abscesses of lung with (?) some organisation.* Large spleen.
- 188/27 M. 48.—Degenerated bile-stained hydatid in liver. *Abscess of left lung with pyothorax, (?) degenerated hydatid in pleura.* Hard nodules in right lung. Lipoma (?) of right funicular cord. Papulo-haemorrhagic eruption with cutaneous ulceration. Died in an asthmatic attack after novarsenobillon injection. (Wassermann negative.)

- 3/28 M. 26.—Large foul left sided empyema. *Small abscess in left upper lobe.* Bedsores. (Tuberculosis negative.)
- 78/28 F. 30.—*Foul abscess of left lung and empyema with some collapse* (teeth extracted some weeks before). Simple cyst of ovary. (Tuberculosis negative.)
- 84/28 F. 19.—Puerperal infection after miscarriage with *B. Welchii* present, necrotic areas in uterine mucosa. Cavities in liver which is pale, some jaundice. *Abscesses of lungs and broncho-pneumonia.* (Tuberculosis negative.)
- 167/28 M. 65.—*Patches of infective broncho-pneumonia with abscesses (green streptococci).* Quiescent hydronephrosis, distended bladder. Atheroma of abdominal aorta. Fat infiltration of pancreas. Diabetes. (Tuberculosis negative.)
- 168/29 M. 65.—*Patch of infective broncho-pneumonia with small abscesses.* Membranous proctitis (extensive). Scirrhus carcinoma of pylorus becoming colloid. (Tuberculosis positive, healed.) (Wassemann negative.)
- 225/28 M. 43.—*Consolidation of middle lobe of right lung with extensive abscesses, probably bronchiectatic, empyema, a little broncho-pneumonia, compression of lung, and emphysema.* Congestion of liver and kidneys. (Tuberculosis negative.)

GANGRENE OF LUNG.

- 114/26 M. 72.—*Gangrene of lung.* Lobar pneumonia, *unresolved pneumonia.* Hypertrophied heart. Atheroma of coronaries. Adenoma of prostate. Two miliary abscesses in right kidney.
- 117/26 M. 45.—*Gangrene of lung.* Pneumonia with grey hepatization and organisation.
- 123/27 F. 28.—Curettage. Septic thrombus of right ovarian vein. Some necrosis in mucous membrane of uterus. *Broncho-pneumonia and gangrene of lung.* Septic spleen. Cloudy swelling.
- 26/28 M. 44.—*Partial organisation of lung with secondary abscess and gangrene probably following pneumonia.* (Tuberculosis positive, healed.)

ORGANISING PNEUMONIAS.

- 82/25 M. 62.—Empyema, collapse and *organising pneumonia.* Small glandular nodule in gastric mucosa.
- 134/25 M. 60.—*Organising pneumonia or infarct.* Hypertrophied and dilated heart. A.m. clots in both auricular appendices. Infarcts, old and recent, in kidney. Auricular fibrillation. Slight renal changes.
- 114/25 F. 26.—Double empyemata. Compression of lungs. Ascent of diaphragm and heart. *Failure to expand, some organisation.* Infective focus in kidney.
- 172/25 F. 24.—Mitral stenosis (post-rheumatic). Commencing aortic disease. *Patch of partial organisation in lung.* Chronic venous congestion.
- 173/25 M. 60.—Inspissated empyema. *Organising pneumonia (?)*. Malignant endocarditis (aortic). Enlarged prostate, hypertrophied bladder. Gallstones.

- 194/25 M. 62.—Asthma, polypoid masses in antrum, operation, death in evening. Lungs over-distended. Congestion of trachea and bronchi. Fibrinous plugs in bronchioles. *Area of organising lung tissue*. Haemolymph glands in lower neck.
- 196/25 M. 33.—*Commencing organisation in lobar pneumonia*. Recovering pneumococcal meningitis. Malignant endocarditis. (*S. aureus* + *pneumococci*). Infarct in spleen. Embolus in middle cerebral with softening.
- 224/25 F. 64.—Pulmonary abscesses, one perhaps tuberculous, with *organisation following (?) pneumonia*.
- 44/26 F. 58.—Diabetic coma, pancreas apparently normal. *Organising exudate in lungs*. Necrosed tuberculous patch.
- 63/26 M. 71.—Ununited fracture of neck of femur. *Carnified lung*. Adherent pericardium. Chronic interstitial nephritis. Some hypertrophy of left ventricle. Osteo-arthritis of vertebrae. Small nodule in ileal wall (carcinoid).
- 161/26 M. 32.—*Partly organised lung (right)*. *Drained empyema*. Malignant endocarditis (mitral). Purulent meningitis.
- 117/26 M. 45.—Gangrene of lung. Pneumonia with grey hepatization and *organisation*.
- 114/26 M. 72.—Gangrene of lung. *Lobar pneumonia, unresolved pneumonia*. Hypertrophied heart. Atheroma of coronaries. Adenomata of prostate. Two miliary abscesses in right kidney.
- 121/26 M. 60.—Silicosis (moderate). *Unresolved influenzal pneumonia*. Large spleen. Atheroma of coronaries and abdominal aorta. Small polyp of stomach. *Dilated right heart*. *No growth of bacteria from lung and spleen*.
- 122/26 M. 60.—Pneumothorax, haemothorax (36ozs.) from necrosed lung, partly compressed, *from unresolved pneumonia*. Miliary nodules in mucosa of ileum.
- 157/26 M. 19 (probably 25).—(Partial examination). Old empyema. Abscess cavities in lung. *Organisation of lower lobe* with scattered caseous foci with giant cells. Cloudy swelling. P.m. digestion of stomach. Tuberculous (?) meningitis.
- 159/26 M. 72.—*Early organisation of lung after pneumonia*. *Recent grey hepatization*. *Dilated right heart*. *Alcoholic*.
- 183/26 F. 37.—*Organisation of lung after lobar pneumonia*. *Cavities in lung probably from breaking down of lung tissue, one forming a tense air cyst, another containing purulent fluid*. *Recent broncho-pneumonia*. *Compensatory emphysema*. *Toxaemia from absorption*.
- 39/27 M. 75.—Emphysema and *carnification of lungs*. Dilatation of the aorta, general atheroma and syphilitic aortitis. Blood clot in aorta. Small areas of old traumatic (?) atrophy of the brain. Early pericarditis. Biliary calculi. Marginal inflammation of eyelids.
- 133/27 M. 59.—Aortic stenosis with calcification, probably from healed subacute endocarditis. Hypertrophied and dilated heart. Chronic venous congestion of lungs, liver, spleen, and kidneys. Universal pericardial and pleuritic adhesions. *Carnification of upper lobe of left lung*. Bronchiectatic cavities at right apex. Empyema of the gall-bladder and impacted rough gallstone, with

- duodenal adhesions. (Tuberculosis negative.) (Wassermann negative when first admitted, positive later.)
- 181/27 F. 63.—Chronic cystitis with hypertrophy. Bilateral pyonephrosis. Renal insufficiency. *Organised pneumonia* with bronchiectatic abscess cavities (left lung). Compensatory emphysema of right. Old perforation of palate. Stenosis of glottis. Uterine polyp. Post-operative hernia of abdominal wall.
- 196/27 M. 26.—*Lobar pneumonia, grey hepatization passing into (probably) organisation and early abscess formation.* Pleuritic exudate. Petechiae on pleura and pericardium. Cloudy swelling. Minute cortical renal adenoma. Psoriasis. (Tuberculosis negative.)
- 21/28 M. 8 months.—*Organisation of lobar pneumonia.* Old empyema. (Tuberculosis negative.)
- 26/28 M. 44.—*Partial organisation of lung with secondary abscess and gangrene, probably following pneumonia.* (Tuberculosis positive, healed.)
- 9/28 M. 34.—Cerebral abscesses, probably due to Pfeiffer infection, with secondary meningitis, secondary to chronic empyema and *carnification of lung.* Fatty liver. (Tuberculosis negative.)
- 45/28 M. 65.—Tuberculous caries of lower cervical vertebrae, with pre-vertebral abscesses. *Organisation of collapsed left lung.* Hydatid scar in liver, with atrophied left lobe. Degenerated seeded hydatid cyst in pelvis. Chronic interstitial nephritis. Chronic gastric ulcer. Duodenal scar. (Tuberculosis positive.) (Wassermann negative.)
- 54/28 M. 46.—Saccular aneurysm of arch of aorta bulging into bifurcation of trachea. Syphilitic aortitis. Hypertrophy of left ventricle. Purulent bronchitis and *pneumonia, with some organisation at both bases.* Small papillary adenoma of kidney. (Tuberculosis negative.)
- 58/28 M. 57.—Inspissated pus (pneumococcal) in sphenoidal cells. *Calcified plaque in right pleura, with some fibrosis from organisation in lung.* Glisson's capsule diffusely infiltrated with pmn. cells. Probably septicaemia. (Tuberculosis negative.)
- 58/28 M. 48.—Amyloid nephritis. *Oedema and congestion of lungs, with some organisation and pneumonia.* Old apical pulmonary tuberculosis. Scar of duodenal ulcer. Gallstones (facetted, cholesterol-pigment). Ankylosed hip (probably old tuberculosis), with compensatory kyphosis, etc. Uraemia. (Tuberculosis positive.)
- 87/28 M. 42.—Thrombosis (embolism?) of left coronary artery. *Calcification in left pleura, and some carnification of left lower lobe.* Acute pulmonary oedema. (Tuberculosis indefinite.)
- 149/28 F. 55.—*Organising diffuse broncho-pneumonia.* Infarct of spleen.
- 173/28 M. 61.—*Organising broncho-pneumonia.* Old dense fibrosis at both apices (?) tuberculosis. Atheroma of aorta and cerebral vessels. Old cerebral softening. (Tuberculosis doubtful.)
- 177/28 M. 29.—Greatly hypertrophied and dilated heart. Universal pericardial and pleuritic adhesions. Some mitral stenosis. Old a.m. clots (small) in right ventricle. Red granular kidneys. Wrinkled nutmeg liver. Chronic venous con-

- gestion of spleen. Brown induration of lungs, with *probably organising hypostatic pneumonia*. Old and recent infarcts of testes. Gallstones. Renal calculus. (Tuberculosis negative.) (Wassermann negative.)
- 196/28 F. 60.—Small area of cerebral softening. Hobnail liver, omental adhesions, no ascites. *Some organising pneumonia*. Slight renal fibrosis. Advanced atheroma. Gangrene of toes. (Tuberculosis negative.) (Wassermann doubtful weak positive.)
- 31/28 F. 60.—*Pneumonic consolidation at left base with early organisation*. Emphysema. Synechia pericardii. Facetted gallstones. Agonal intussusception. Small area of cerebral softening. (Tuberculosis negative.)
- 62/29 M. 81.—Pulmonary tuberculosis especially affecting left lower lobe with conglomerate caseating tubercles and *in the other lung partial organisation of a pneumonia* and miliary tubercles (? inhalation pneumonia + tuberculosis). Squamous epithelioma of palate and tonsil. Some emphysema. Atheroma of abdominal aorta. Two facetted gallstones. Hydrocele. (Tuberculosis positive.)
- 69/29 M. 38.—Extensive pulmonary tuberculosis with cavitation of left lung, recent racemose spread in right lung with oedema. *Organising lobar (?) pneumonia* secondarily involved by tubercle bacilli. Tuberculosis positive.)
- 76/29 M. 42.—Subacute glomerulo-nephritis. Simple pericarditis. Cardiac hypertrophy (weight 20½ozs.) and dilatation. Chronic venous congestion of liver. Oedema and compression of lungs, with *organising pneumonia in right upper lobe*. Rugae in fundus of stomach prominent. Uraemia. (Tuberculosis negative.)
- 101/29 M. 61.—*Fibrosis in left lung probably from organised pneumonia* with cavitation in the upper lobe attributed to bronchiectasis and breaking down of abscesses. Emphysema of other lung without other lesions. Some small varicose veins in the oesophagus. Much blood in stomach and intestines. A round acute perforation at the beginning of the jejunum. Aortic stenosis from calcification and adhesion of cusps. Suprarenal tissue plastered on one kidney. (Tuberculosis negative.)
- 119/29 M. 54.—*Organised lobar pneumonia (red beefy lung) in left lower lobe*. More recent broncho-pneumonia, emphysema, congestion and oedema of lungs. Slight cloudy swelling and interstitial changes in kidneys. (Tuberculosis negative.)

SILICOSIS AND FIBROSIS OF LUNGS.

- 103/25 M. 55.—*Advanced silicosis*. Pulmonary haemorrhage (*probably cause of death*). Some renal fibrosis.
- 181/25 M. 51.—Emphysematous and *fibrotic changes in the lungs*. Heart failure.
- 197/25 M. 54.—Cerebral haemorrhage. Hypertrophy of left ventricle. Red granular contracting kidney. Abnormal renal artery with dilatation of pelvis. *Shotty pleuritic nodules*.
- 121/26 M. 60.—*Silicosis (moderate)*. Unresolved influenzal pneumonia. Large spleen. Atheroma of coronaries and abdominal aorta. Small polyp of stomach. Dilated right heart. (No growth in cultures of lung and spleen).

- 175/26 M. 39.—Small traumatic haemorrhage in frontal lobe probably due to blow in boxing, extensive subdural haemorrhage. *Deep scarred area in lung (? fibrosis from unresolved pneumonia)*. Old syphilitic osteitis of skull. Fibrosis of testes.
- 116/26 M. 78.—*Moderate silicosis* with cavity. Tuberculous ulcers of intestine. Congenital polycystic kidneys (small). Fibrotic testes. Purulent cystitis. Cystic condition of ileum. (Uraemia and toxæmia.)
- 207/26 M. 41.—Rifle wound. Fracture of skull. Intradural haemorrhage. Laceration of brain. *Probably silicotic nodules* and bronchiectatic cavity in lungs.
- 107/26 M. 78.—Atheroma of cerebral vessels, coronaries, abdominal aorta. Some hypertrophy of heart. Slight interstitial kidney changes. Degenerated hydatid of liver. Calcified hydatid of left cupola of diaphragm. *Moderate silicosis*. Fibrosis of one testis, hypertrophy of other. Gallstone.
- 35/27 M. 73.—*Diffuse fibrosis of lungs (origin obscure) perhaps unresolved pneumonia*. Somewhat dilated right heart. Fatty liver. General adiposity especially abdominal, with abdominal distension tilting heart. Alcoholic. Atheroma of aorta.
- 44/27 M. 69.—Myomata (large) of stomach wall (one removed by operation). Grawitz tumour, growing along renal vein. Hypertrophied heart. Infarction of heart wall. Early pericarditis. Recent a.m. clot in left ventricle. Clots in vessels near vesiculæ seminales. *Silicosis*.
- 65/27 M. 59.—*Silicosis*. Right heart failure with nutmeg liver, etc.
- 100/27 M. 68.—*Fibrosis of lungs with pleuritic adhesions and some fibrotic nodules*. Perhaps a few foci of tuberculosis. negligible in amount, not seen microscopically. History of asthma. Greatly hypertrophied and dilated right heart. Chronic venous congestion of liver. Small nodule (papilliferous adenoma) in kidney. Prostatic calculi.
- 133/27 M. 49.—Red granular contracted kidneys. Hypertrophied heart commencing to dilate. Oedematous lungs. *Miliary subpleural silicosis*. Chronic superficial ulcer of rectum. Wet brain. Uraemia. (Tuberculosis positive, healed.) (Wassermann negative.)
- 167/27 M. 51.—*Silicosis*. Right heart failure. Chronic pleurisy. Some interstitial nephritis. (Tuberculosis negative.)
- 176/27 M. 65.—*Fibrosis and anthracosis of lungs*. Hydrothorax. Jejunal diverticula (numerous). Calcified cysts of liver. Enlarged prostate. Fibrosis of gall bladder.
- 32/28 M. 59.—*Silicosis with central dense fibrosis and peripheral silicotic nodules*. Hypertrophy and dilatation of heart. Prostatectomy three weeks previously.
- 49/28 M. 63.—Broncho-pneumonia with *some silicosis (miner)*. Pernicious anaemia (?), red femur marrow. Old pyloric scar and some hypertrophy of pylorus. Slight ulceration of ileum. Large spleen (Death—broncho-pneumonia and pernicious anaemia). (Tuberculosis doubtful.)
- 74/28 M. 65.—*Extensive silicosis* with recent tuberculous pleurisy with effusion. (Tuberculosis positive.)

- 92/28 M. 55.—*Silicosis* with tuberculosis and cavity formation. Gangrene of the right leg with thrombosis of right common iliac artery. Atrophy of left kidney. Bedsore. (Tuberculosis positive.) (Wassermann negative.)
- 114/28 F. 66.—Chronic bronchitis and *some pulmonary fibrosis*. Hypertrophied and dilated right heart. Chronic venous congestion of liver and spleen and oedema of legs. Slight fibrosis of kidneys. Gallstones (facetted). Haemorrhagic uterine mucosa. (Tuberculosis negative.) (Wassermann positive.)
- 173/28 M. 61.—Organising broncho-pneumonia. *Old dense fibrosis at both apices, ? tuberculosis*. Atheroma of aorta and cerebral vessels. Old cerebral softening. (Tuberculosis doubtful.)
- 213/28 M. 49.—Atypical pneumonia in right lower lobe, probably influenzal. Extensive old pulmonary tuberculosis with *much fibrosis, probably silicosis (has been a Broken Hill miner)* with more recent miliary spread. Tuberculous ulcers of intestine. Calcified mesenteric gland. (Tuberculosis positive.)
- 241/28 M. 48.—Imperfectly resolved pneumonia with a broad band of purulent infiltration. *Miliary silicosis and hard mediastinal glands*. Cloudy swelling of liver and kidneys. (Tuberculosis negative.)
- 24/29 M. 54.—Lobar pneumonia (grey hepatisation). Some emphysema, *fibrotic right upper lobe*. Calcified plaque (old empyema) in pleura. Moderate hypertrophy of the heart (17½ozs.). Cloudy swelling. Early red granular kidneys. (Tuberculosis positive, healed.)
- 40/29 M. 36.—*Chronic fibrosis of apices of lungs* and emphysema of bases.
- 75/29 F. 21.—Chronic empyema with submammary and subphrenic abscesses on the left side. Abscess (sptreptococcal) of left lobe of cerebellum. *Fibrosis of left lung*.
- 109/29 M. 90.—Pleurisy with *some fibrosis of lungs* and some pneumonia. Coronary atheroma with calcification. Atheroma of abdominal aorta. Synechia pericardii. Arterio-sclerotic scarring of kidneys. Lipomata in the omentum. Gallstones. Pneumococcal pus in sphenoidal sinus. (Tuberculosis negative.)

EMPHYSEMA.

- 85/25 M. 74.—Fibrotic ? malignant prostate. Dilated ureters, etc. Surgical kidneys. *Emphysema*. Collapse. Compression and hypostatic pneumonia. Pleuritic effusion.
- 161/25 M. 41.—Cerebral softening (? neoplastic or thrombotic). Broncho-pneumonia and hypostatic pneumonia. *Emphysema*.
- 202/25 M. 62.—*Emphysema*. Hypertrophy of heart. Liver cirrhotic.
- 181/25 M. 51.—*Emphysematous* and fibrotic lungs. Heart failure.
- 67/26 M. 65.—Double irregular lobar pneumonia (? influenzal type). Alcoholic. Double hydrocele. *Emphysema*. Two cusps to aortic valve, one with calcified mass in centre.
- 68/26 M. 70.—Multiple myelomata of ribs, deposit in root of neck. Red bone marrow. Small nodule in kidney. *Emphysema*.
- 86/26 M. 52.—Carcinoma of pancreas ?. Carcinomatous peritonitis. *Emphysema*.
- 105/26 F. 80.—Aortic atheroma. *Emphysema*. Small left kidney. Heart failure. Auricular fibrillation.

- 120/26 F. 83.—Carcinoma of stomach. Deposits in liver, aortic and supraclavicular glands. *Emphysema*. Some collapse. Adenomatous thyroid nodule. Atheroma of aorta. Pleurisy. Thrombosis in pulmonary artery.
- 180/26 M. 67.—Treated urethral stricture. Necrotic cystitis. Thickening and dilatation of right ureter with foul right hydronephrosis (ammoniacal smell). *Some emphysema and superficial collapse of lungs*.
- 189/26 M. 81.—Obstructive jaundice from gallstones and biliary sand in common duct, etc. *Emphysema of lungs*. Slight polyposis of colon.
- 56/26 M. 71.—Enlarged middle lobe of prostate. Hypertrophied and dilated bladder. Double hydronephrosis. Haemorrhagic patches in bladder mucosa. Myocardial fibrosis from coronary disease. Heart failure from last. *Pulmonary emphysema*.
- 76/26 F. 48.—Double pyelitis, with distension of ureters and pelves. Cystitis. Locomotor ataxy. Healing bed sore. *Emphysema*. Typhus-like disease. (Weil-Felix positive.) Infarct in lung. A.m. clots in right auricle.
- 130/26 M. 60.—Diabetic coma. Pancreas a little small. Carbuncles of kidneys. Small abscess in lung. Abscess near prostate. *Emphysema*. Atrophy of optic chiasma and nerves (blind 12 years). *S. aureus* from spleen, kidney, lung. Fine cirrhosis of liver, with haemosiderin colour.
- 156/26 M. 69.—Chronic interstitial nephritis. Hypertrophy and dilatation of heart. Chronic venous congestion of liver and spleen. Infarcts in lung. Atheroma of aorta and vessels at base of brain. Cerebral thrombosis and extensive softening. *Emphysema*. *Slight atheroma in branches of pulmonary artery*.
- 49/26, F. 64.—Blood-stained, perhaps infected, plueritic effusion, with compression and infarcts of lungs. *Emphysematous bulla of upper lobe*. One kidney congenitally small. Hypertrophied heart from essential hyperpiesis. Calcified coronaries. Advanced atheroma. Uterine polyp. Small a.m. clots at apex of left ventricle. Infarct in left kidney.
- 193/26 M. 68.—Urethral stricture. Hypertrophy, dilatation and sacculation of bladder. Dilatation of ureters and renal pelves. Cystitis, pyelitis. Chronic nephritis. Perineal fistula. Prostatic cysts. Acute gastritis. *Emphysema*. Uraemia.
- 15/27 M. 70.—Cerebral softening. Marked atheroma of middle cerebral, etc. Atheroma of aorta. Slight chronic interstitial nephritis. Prostatic hyperplasia. Bronchitis and *emphysema*.
- 28/27 M. 63.—Cirrhosis of liver, rather fine type of hobnail. No ascites. Collateral circulation. Gallstones. *Emphysema*. Old infarct of lung. Hypertrophied heart (hyperpiesis). Congestion of kidneys.
- 30/27 M. old man.—Cerebral thrombosis (probably) from atheromatous vessels. Cerebellar softening. Atheroma, atheromatous ulcer and clot in abdominal aorta. Some fibrosis of kidneys. *Senile emphysema*.
- 39/27 M. 75.—*Emphysema* and carnification of lungs. Dilatation of the aorta, general atheroma and syphilitic aortitis. Blood clot in aorta. ? Small areas of traumatic atrophy of

- brain. Early pericarditis. Biliary calculi. Marginal inflammation of eyelids.
- 48/27 M. 31.—Small old empyema cavity. *Some emphysema* and collapse of lungs. Secondary abscesses in frontal, parietal and occipital lobes and cerebellum. Soft spleen.
- 54/27 M. 64.—Syphilitic aortitis. Aneurysm of descending aorta, rupture into mediastinum and thence to right pleura ($4\frac{1}{2}$ pints). *Emphysema*. Small calcified specks in spleen. Infarct in left kidney. Arterio-sclerotic kidneys.
- 61/27 M. 63.—*Emphysema and chronic bronchitis*. Asthma. *Dilated right heart*. Empyema of antrum of Highmore.
- 73/27 M. 74.—Probably cerebral softening from thrombosis. Very atheromatous cerebral vessels. *Emphysema*. Groups of projecting veins at base of bladder. Senile enlarged prostate. Chronic gastric ulcer with haemorrhage. Infarct in lung.
- 69/27 M. 54.—Recurrence in neck of epithelioma of lip. Breaking down. Sinuses formed, which are infected. Secondary thrombosis of left innominate vein. *Some emphysema*.
- 70/27 M. 73.—Femoral thrombosis from atheroma. Commencing gangrene of leg. Atheroma of coronaries. Thrombosis in pulmonary artery. *Emphysema*. Gallstone in contracted gall-bladder. Diverticulitis.
- 72/27 F. 63.—Diabetes. Fatty infiltration of small pancreas. Gallstones. Contracted gall-bladder attached by closed sinus to first part of duodenum. *Moderate emphysema*. Some sclerotic scarring of right kidney. Diabetic coma (?).
- 79/27 F. 56.—Hernia of the small intestine through the transverse mesocolon and the gastro-hepatic omentum. Lower portion of stomach much elongated. Adhesions between colon and sigmoid. *Some emphysema*.
- 83/27 M. 62.—Scirrhus carcinoma of pylorus, extension to peritoneum and glands (portal, etc.), small deposits in liver. Extensive broncho-pneumonia perhaps associated with infarction. *Some emphysema*.
- 84/27 M. 68.—Scirrhus carcinoma of pylorus, extension to peritoneum and glands (lesser curvature, portal). Pneumonia of lobar extent. *Emphysema*.
- 85/27 M. old man.—Pneumococcal meningitis with otitis media. Old infarct with thrombus and calcification at apex of left ventricle. Atheroma of abdominal aorta and coronaries. Distended lacteals in intestinal mucosa. Small omental umbilical hernia. *Emphysema of lungs*. Adhesions between site of gall bladder and duodenum.
- 86/27 M. 68.—Carcinoma of sigmoid colon, colostomy, infiltrated and infected wound, secondary deposit in liver. *Atrophic emphysema*. Hypostatic pneumonia. Brown atrophy of heart. Atheroma of abdominal aorta and coronaries. Small prostatic calculi.
- 93/27 M. 77.—Ruptured heart from infarction of wall of left ventricle from coronary atheroma and thrombosis. Gouty deposit over right elbow. Red granular, not contracted kidneys. Some hypertrophy of heart. Renal cyst. Stones in gall-bladder and hydrops. Cystic condition of head of pancreas. *Emphysema, congestion and oedema of lungs*. Atrophic patches in sigmoid mucosa.

- 106/27 M. 65.—Enlarged prostate, microscopically probably not malignant. Hypertrophied and infected bladder, dilated ureters and double hydronephrosis with purulent urine. Purulent infiltration of cystotomy wound, of wall of bladder and of prostate with abscesses in the retro-peritoneal tissue, along the left ureter, round the left kidney and between the spleen and diaphragm. *Emphysema*, bronchitis. Atheroma of aorta and coronaries, cardiac fibrosis.
- 114/27 F. 43.—Congenital polycystic kidneys and liver. No definite cardiac hypertrophy (10½ozs.). Uraemia. *Emphysema*, congestion and oedema of lungs.
- 113/27 M. 58.—Large degenerated infected hydatid cyst in the right lobe of the liver with daughter and grand-daughter cysts. Atrophy of the left lobe, compensatory hypertrophy of the right. Passage of daughter cysts into the gall-bladder and bile ducts with obstructive jaundice. Dilated bile ducts. Escape of bile into peritoneal cavity with secondary peritonitis. Secondary nutmeg liver. *Emphysema*.
- 199/27 M. 43.—Carcinoma of stomach with pyloric obstruction. Large secondary deposits in liver and draining glands. Early peritonitis. *Atrophic emphysema*. (Wassermann negative). (Tuberculosis negative.)
- 128/27 M. 43.—Locomotor ataxy. Cystitis. Double pyelonephritis with abscesses and old fibrosis of right kidney. *Emphysema*. (Wassermann positive.)
- 131/27 M. 70.—Carcinoma (showing squamous epithelioma and simple carcinoma) probably originating in salivary gland, with deposits in glands of neck, axillae, groins, mediastinum and along abdominal aorta, nodules in skin (few), deposit in suprarenal. Necrosis and suppuration (?) in some deposits. Malignant endocarditis of mitral valve. *Some emphysema*. Infaret in kidney. (Under lead treatment.)
- 144/27 M. 60.—Carcinoma of rectum. Dilatation and stercoral ulcers of large intestine with leakage into the peritoneum and early peritonitis. Early cancerous peritonitis. Secondary deposits in the liver. Probably miliary deposits and secondary pneumonia and pleural infiltration in lungs. *Atrophic emphysema*. Thrombosis in left external iliac vein. (Tuberculosis negative.)
- 213/27 M. 39.—Suppurating hydatid cysts of liver one communicating with abscess cavity in lung. Operation performed. *Emphysema*.
- 149/27 M. 74.—Patch of massed miliary tubercles forming a consolidated area at the left base with tuberculous abscess (pleuritic) on diaphragm. Dilated right auricle (sudden heart failure). Thickened splenic capsule. Atheromatous abdominal aorta. Bile-pigment grit. Calcified pleuritic plaques at both apices. *Atrophic emphysema*. (Tuberculosis positive.)
- 5/28 M. 55.—*Emphysema*. Gouty deposits. Sclerosis of mitral valve with acute vegetations on aortic cusp. Chronic ulcerative colitis. (?) Chronic nephritis. (Tuberculosis negative.)
- 23/28 F. 37.—Glioma (hard) of left frontal region. Decompression. *Some emphysema*. Small subserous fibroid of uterus. (Tuberculosis negative.) (Wassermann negative.)

- 27/28.—F. 81.—Red granular contracted kidneys. Hypertrophy and dilatation of heart. A.m. clot in right auricular appendix. Infarcts in right lung. *Emphysema*. Hypostatic pneumonia. Much atheroma of abdominal aorta and vessels at base of brain. Some chronic venous congestion. Small chylo-cyst in small intestine. (Tuberculosis negative.)
- 20/28 M. 61.—Had tabes and G.P.I. Brain oedematous, congested, some flattening of convolutions, some external hydrocephalus. Early broncho-pneumonia and *bullous emphysema*. Mitral vegetations apparently on old rheumatic lesions. Heart enlarged (18½ozs.) with fatty infiltration. Infarcted coecal focus in one suprarenal. Haemorrhage into recti abdominis. (Tuberculosis negative.)
- 30/28 M. 72.—Carcinoma, probably from thyroid, in neck with deposits in neck and lungs. Haemorrhage into left pleura from deposit in lung. *Emphysema*. Some atheroma of abdominal aorta. (Tuberculosis negative.)
- 48/28 F. 44.—Acute arsenic poisoning (Paris green), haemorrhagic erosions and ulceration of stomach and on mucosal folds of jejunum. Some cloudy swelling and fatty changes in liver. *Moderate emphysema*. Slight double hydro-salpinx and small uterine fibroids. (Tuberculosis negative.)
- 15/28 M. 73.—Carcinoma of pelvic colon. Ileus, Diverticulitis. *Atrophic emphysema*. Calcified bodies in areolar tissue near base of bladder. (Tuberculosis negative.)
- 75/28 F. 32.—Pulmonary tuberculosis with cavitation and racemose spread. Tuberculosis of larynx. Tuberculous ulcers of intestine. Emphysematous blebs at right apex and collapse of right lung. (Tuberculosis positive.)
- 83/28 M. 47.—Oedema and congestion of brain. Extensive sacral bedsores, and trophic ulcers of legs. *Emphysema and dilated heart*. (Tuberculosis negative.) (Wassermann negative.)
- 80/28 M. 63.—Squamous epithelioma of palate extending into base of skull. Two acute gastric ulcers, abundant haemorrhage from one. Small cavernous angioma of liver. Cyst of right epididymis. *Some emphysema of lungs*. Some renal fibrosis. (Tuberculosis negative.)
- 110/28 F. 68.—Pernicious anaemia with haemosiderin liver, red bone-marrow and small spleen. *Emphysema* and broncho-pneumonia and excess of pericardial fluid. (Tuberculosis positive, healed.)
- 111/28 M. 65.—Recurrent carcinoma of prostate filling bladder. *Emphysema and oedema of lungs*. Gallstones (nodular, cholesterol). (Tuberculosis negative.)
- 116/28 F. 83.—Red granular contracted kidneys. Some high blood pressure. Fatty infiltration of heart. *Atrophic emphysema of lungs*. Cystitis. One ovary shows small cysts. (Tuberculosis positive, healed.)
- 122/28 M. 56.—Pelvic abscess secondary to appendicitis. General peritonitis and collections of pus between the coils of intestines. Broncho-pneumonia, congestion, oedema, and *some emphysema of the lungs*. Cloudy swelling of liver and kidneys. (Tuberculosis negative.)
- 118/28 M. 65.—Cerebral softening with much atheroma of vessels at base of brain. *Some emphysema*. Hypertrophied and dilated

- right heart. Healed dysenteric ulcers or diverticula in colon. Gallstones (facetted). Hyperplasia of prostate. (Tuberculosis negative.)
- 130/28 M. 68.—Hypertrophied and dilated heart. Arterio-sclerotic scarred kidneys. Chronic venous congestion of liver and spleen. Brown induration and oedema of lungs. Pleuritic effusion. Some emphysema. Elephantiasis of right leg and scrotum with greatly dilated veins and much oedema, apparently due to a loose a.m. ball clot with hollow centre in femoral vein just below Poupart's ligament, acting as a valve. Large vesical calculus. (Tuberculosis negative.)
- 141/28 F. 53.—Softened area in right lenticular nucleus. Red granular contracted kidneys. Slight hypertrophy of left ventricle. *Emphysema*. Some hypostatic pneumonia. Bedsores. (Tuberculosis positive, healed. (Wassermann negative.)
- 157/28 M. 76.—Enlarged prostate, distended bladder, secondary pyelitis with commencing hydronephrosis. Secondary abscesses in right kidney. *Emphysema*. Hypertrophy of both sides of the heart. Atheroma of cerebral vessels. Two small ulcers of rectum. Toxaemia and uraemia. (Tuberculosis positive, healed.) (Wassermann negative.)
- 163/28 F. 64.—Red granular contracted kidneys. Slight cardiac hypertrophy. *Some emphysema*. Cerebral softening (near optic thalamus). Atheroma of cerebral vessels. (Tuberculosis positive, healed.)
- 164/28 M. 40.—Ruptured gastric ulcer with haemorrhage in the alimentary canal and secondary peritonitis. Healing wound in knee. *A little emphysema*. (Tuberculosis negative.)
- 172/28 M. 76.—Cerebral haemorrhage. Red granular moderately contracted kidneys and moderate cardiac hypertrophy. Some atheroma of aorta and vessels at base of brain. Rigid partly calcified aortic cusps. *Some emphysema and oedema of the right base*. Bile pigment calculus. Fat infiltration of pancreas. (Tuberculosis positive, healed.)
- 179/28 M. 50.—Extensive left cerebral and pontine haemorrhages. Red granular contracting kidneys. Hypertrophied heart. *Emphysema*. Degenerated hydatid of liver. Enlarged prostate. (Tuberculosis negative.)
- 189/28 M. 44.—Tumour or softening of left post-cerebral gyrus (speech affected). Hypostatic pneumonia. *Emphysema*. (Tuberculosis negative.) (Wassermann negative.)
- 190/28 M. 74.—Small area of haemorrhage in neighborhood of third ventricle, leakage into ventricles and to base of brain. *Some emphysema*. (Tuberculosis negative.) (Wassermann negative.)
- 186/28 M. 50.—Slight unilobular cirrhosis of liver with considerable haemosiderin and ascites. Very little haemosiderin in kidneys and pancreas. *Emphysema*. Gangrene of toes. Ischio-rectal abscess. Some fibrosis of kidneys. (Tuberculosis negative.)
- 188/28 F. 84.—Cerebral softening from atheromatous occlusion. Advanced atheroma. Broncho-pneumonia and *emphysema*. Distorted liver. Some renal fibrosis. Commencing gangrene of foot. Glandular polyp of uterus. (Tuberculosis negative.)

- 194/28 M. 73.—Cerebral tumour of roof of lateral ventricles. Large prostate. *Some emphysema*. Some renal fibrosis. Bedsores. Ulcer in oesophagus near ary-epiglottidean fold, ? due to acute decubitus. Subcutaneous lipoma of forearm. Cestode. (Tuberculosis negative.)
- 209/28 M. 72.—Hypertrophied and dilated heart (22½ozs.), without renal or valvular cause, nutmeg liver, chronic venous congestion of spleen and kidneys. *Some emphysema* and compression of lungs. Some a.m. clot in right auricular appendix. Slight interstitial fibrosis of kidneys. Small specks of fat necrosis in pancreas. (Tuberculosis negative.)
- 211/28 M. 46.—Ruptured aneurysm of the arch (into bronchus). Syphilitic aortitis. *Oedema and emphysema of lungs*. (Tuberculosis negative.)
- 229/28 M. 75.—Exhaustion from diarrhoea. Prominence of solitary follicles of ileum. *Some emphysema* and congestion of lungs. (Tuberculosis negative.)
- 233/28 M. 84.—Asthma. *Emphysema*. Some hypertrophy of left ventricle. Fatty liver. Calcification of abdominal aorta. *Death attributed to heart failure from asthma and emphysema*. (Tuberculosis negative.)
- 235/28 M. 39.—Carcinoma of the pylorus, extension to the peritoneum and hepatic flexure, successful gastro-enterostomy. Gangrenous appendicitis (apparently independent) with peritonitis. *Emphysema*. (Tuberculosis negative.)
- 24/29 M. 54.—Lobar pneumonia (grey hepatization). *Some emphysema, fibrotic right upper lobe*. Calcified plaque (old empyema) in pleura. Moderate hypertrophy of the heart (17½ozs.). Cloudy swelling. Early red granular kidneys. (Tuberculosis positive, healed.)
- 40/29 M. 36.—Chronic fibrosis of apices of lungs and *emphysema of bases*.
- 31/29 F. 60.—Pneumonic consolidation at left base, with early organisation. *Emphysema*. Synechia pericardii. Facetted gallstones. Agonal intussusception. Small area of cerebral softening. (Tuberculosis negative.)
- 42/29 F. 63.—*Considerable emphysema*. Distended right heart. Chronic venous congestion of kidneys and spleen. Fibrosis replacing right suprarenal capsule. Small dermoid of the ovary. (Tuberculosis positive, healed.)
- 50/29 M. 71.—Enlarged prostate, hypertrophied and dilated bladder, dilated ureters and renal pelves, left sided perinephritic suppurative infiltration. Cerebral softening with atheroma. *Emphysema*. Dilated right heart. Auricular fibrillation. Some hypostatic pneumonia. Atheroma of aorta. Gallstones. Inguinal hernia. Small cyst on brim of pelvis. Skull on section reddish (? early Paget's disease). (Tuberculosis negative.)
- 53/29 M. 71.—Cerebral softening. Atheroma of cerebral vessels. Some broncho-pneumonia. *Emphysema*. Kidneys somewhat granular, some cardiac hypertrophy. Calcified hydatid of liver (?). Double hydrocele.
- 62/29 M. 81.—Pulmonary tuberculosis, especially affecting left lower lobe, with conglomerate caseating tubercles, and in the other lung partial organisation of a pneumonia and miliary tubercles, (? inhalation pneumonia + tuberculosis).

Squamous epithelioma of palate and tonsil. *Some emphysema*. Atheroma of abdominal aorta. Two faceted gallstones. Hydrocele. (Tuberculosis positive.)

- 81/29 M. 81.—Chronic bronchitis and fibrosis of lungs with *emphysema* and some oedema. Some hypertrophy of left ventricle with some chronic interstitial nephritis. Deeply congested bladder. Thickened splenic capsule. Atrophic testes. (Tuberculosis negative.)
- 83/29 M. 71.—Somewhat hypertrophied and much dilated heart, weight 16½ ozs., with calcified coronaries and thinning of wall of left ventricle. Small a.m. clots in right auricular appendix and ventricular wall. Infarct in lung. Some chronic bronchitis and *emphysema*. Chronic venous congestion of liver and spleen. Oedema and hydrothorax. Small polyps in colon. Duodenal pigmentation from old ulcer. Actinomyces (?) of epididymis. (Tuberculosis negative.) (Wassermann negative.)
- 113/29 M. 73.—Atypical pneumonia of left lung speckled with pale spots due to early abscesses. *Much emphysema with enormous bullae*. Carcinoma of caecum with deposits in mesentery, abdominal aortic glands, left bronchial glands, left supraclavicular gland. Dural deposit dimpling cerebellum. Much atheroma of aorta. Inguinal hernia. (Tuberculosis negative.)
- 118/29 F. 46.—Recent early abortion and curettage, uterus apparently normal. Enlarged soft spleen with many haemolytic streptococci. Infective softening in left occipital lobe with numerous streptococci (? source). Soft flabby heart. Cloudy swelling of liver and kidneys. Chronic duodenal ulcer. *Some emphysema*. Pyorrhoea. (Tuberculosis negative.)
- 119/29 M. 54.—Organised lobar pneumonia (red beefy lung) in left lower lobe. More recent broncho-pneumonia, *emphysema*, congestion and oedema of lungs. Slight cloudy swelling and interstitial changes in kidneys. (Tuberculosis negative.)
- 121/29 M. 48.—Successful excision of carcinoma of sigmoid. Colostomy wound foul. Intensely engorged small intestine apparently from mesenteric thrombosis. *Emphysema*. (Tuberculosis negative.)
- 125/29 M. 75.—Extensive right-sided cerebral softening with atheromatous cerebral vessels. Some atheroma of abdominal aorta. Auricular fibrillation. Infarction in kidneys from arterial occlusion. *Emphysema*. (Tuberculosis negative.)
- 135/29 F. 69.—Aneurysm of abdominal aorta from atheroma. Leakage with large retroperitoneal extravasation of blood, anaemia. *Emphysema*.
- 127/29 F. 84.—Double purulent pneumococcal pleurisy with same collapse of lung, some bronchitis and *atrophic emphysema* but no definite broncho-pneumonia. Purulent infiltration of epiglottis. Atheroma of abdominal aorta. Gallstone. (Tuberculosis positive, healed.)
- 139/29 M. 70.—Broncho-pneumonia with *emphysema*. Atheroma of aorta and coronaries. Calcification of aortic cusp. Carcinoma (?) of prostate. Chronic cystitis. Some

hydronephrosis of kidneys. Sclerosis of head of pancreas. (Tuberculosis positive, ? healed.)

- 109/29 M. 90.—Pleurisy with some fibrosis of lungs and some pneumonia. Coronary arterioma with calcification. Atheroma of abdominal aorta. Synechia pericardii. *Emphysema*. Arterio-sclerotic scarring of kidneys. Lipomata in the omentum. Gallstones. Pneumococcal pus in sphenoidal sinus. (Tuberculosis negative.)

OEDEMA OF LUNGS.

- 113/25 M. 60.—Carcinomatous ulcer of rectum. Colostomy wound with hernia of mucous membrane. Hydrothorax. *Oedema of lungs*. Acute nephritis. Uraemia.
- 124/25 M. 17.—Hypertrophied and dilated heart. Chronic venous congestion with jaundice. Large kidneys. *Oedematous lungs*. Infective tonsils. Heart failure.
- 140/25 M. 19.—Chronic interstitial glomerulo-nephritis. Hypertrophy of left ventricle. *Moderate pulmonary oedema*.
- 182/25 M. 13.—Acute epidemic tubular nephritis. *Acute pulmonary oedema*.
- 24/26 F. 49.—Malignant endocarditis of mitral valve. Small a.m. clot in left auricular appendix. Infarcts in spleen and kidney. *Oedematous firm lungs (microscopically exudate and a few cells)*. Aortic cusps thickened.
- 215/26 F. 26.—Myeloid leukaemia with large liver and spleen. Splenunculi. Red bone marrow. *Oedematous lungs*. Plaques in uterus which is very spongy.
- 203/27 F. 50.—Old hydronephrosis of one kidney some interstitial fibrosis of other. Hypertrophy of heart. Gallstone (dark green). *Oedematous lungs*. (No Wassermann) (Tuberculosis, positive, healed.)
- 44/28 M. 33.—Double pyonephrosis with great distention of ureters and hypertrophy of bladder, no urethral obstruction. Abscess in prostate. *Acute pulmonary oedema*.

COMPRESSION OR PARTIAL COLLAPSE OF LUNGS.

- 85/25 M. 74.—Fibrotic (? malignant) prostate. Dilated ureters. Surgical kidney, etc. *Emphysema. Collapse. Compression and hypostatic pneumonia. Pleuritic effusion*.
- 144/25 F. 34.—Chronic appendicitis with abscess. Operation. Localised peritoneal abscesses. Septic spleen. Pulmonary embolism from internal iliac. Small infarct in lung and *collapse*.
- 235 25 F. 53.—Healing tuberculous spine and psoas abscess. Old tuberculous foci in liver. Infective pyelo-nephritis. Large soft spleen. *Partially collapsed left lung*. Gallstones.
- 118/26 F. 69.—*Partial collapse of both bases*, slight hypostatic pneumonia. Old goitre with possible malignant change. Polyposis of ileum. Candle-guttering of ribs. Uterine polyps. Large septic spleen (streptococci or pneumococci grown).
- 168/26 F. 46.—Chronic interstitial nephritis. Hypertrophy of left ventricle. Oedema of glottis. Acute inflammation of false vocal cord. *Collapsed lower left lobe (no foreign body)*. Uterine polyp. Uraemia.

- 48/27 M. 31.—Small old empyema cavity. *Some emphysema and collapse of lungs.* Secondary abscesses in frontal, parietal, and occipital lobes and cerebellum. Soft spleen.
- 62/27 F. 13.—Malignant endocarditis of mitral valve. (*S. viridans*?) Softening in left crus from embolism. *Collapse and exudate in right lung.* Large thymus.
- 166/27 M. 52.—Haemorrhage from leaking thoracic aorta. Double haemothorax. Retropleural and retroperitoneal haemorrhage. Atheroma. Chronic interstitial nephritis. Cardiovascular hypertrophy. Polypi of sigmoid. *Some collapse of lungs.* Adenomata of liver. Calcareous gland near caecum. (Tuberculosis positive, healed.)
- 169/27 M. 21.—Imbecile. Brain congested and oedematous. Flattening of cerebral convolutions (cerebral diplegia). Persistent thymus. Some sclerosis of mitral valve. Pyelitis and cystitis. *Some collapse of lungs.* Lymphoid hyperplasia in intestine. Scybulous masses in rectum.
- 214/27 M. 13 months.—Convalescent from whooping cough. *Some small patches of collapse in lungs.* Agonal intussusceptions. P.m. digestion of stomach. Congestion of brain. (Convulsions.)
- 124/28 F. 56.—Operations for ventral hernia and recent cholecystostomy wound for gallstones. Fat necrosis round pancreas extending to near both kidneys; pancreas itself not much affected. *Some superficial collapse in both lungs.* Red granular contracted kidneys. Some hypertrophy of left ventricle. Large thyroid. (Tuberculosis negative.)
- 36/29 M. 14.—Broncho-pneumonia and *collapse* following tonsillectomy and operation on antrum. (Tuberculosis negative.)
- 43/29 F. 43.—Chronic appendiceal abscess sealing pelvic inlet, secondary adhesions of small intestine. Twisting or nipping of lower coils with atony, intestinal obstruction and perforation. *Slight superficial collapse of lungs.* (Tuberculosis negative.)
- 98/29 F. 82.—Purulent bronchitis with oedema of lungs and *collapse in left lower lobe.* Pleuritic adhesions on both sides and synechia pericardii. Dilated right heart and hypertrophied left heart. Red granular contracted kidneys. Nutmeg liver. (Tuberculosis positive, healed.)
- 152/29 F. 68.—Cerebral haemorrhage. Renal calculus with atrophy of one kidney. Hypertrophy and some interstitial nephritis in other. Double ureter on one side. Some hypertrophy of left ventricle (heart, 12½ozs.). *Some collapse of lungs.* Angioma of liver. (Tuberculosis negative.)
- 153/29 M. 39.—Right subphrenic abscess. Empyema on right side, hydrothorax on left. *Some collapse of lungs.* Enlarged spleen (32½ozs.) with one small infarct. Large follicles in intestines. Thrombosis of left external iliac vein. Cellular bone marrow. Picture first of pernicious anaemia, later 45,000 white cells—“leukanaemia”? (Tuberculosis negative.)

EMPYEMA. PURULENT PLEURISY.

- 82/25 M. 62.—*Empyema.* Collapse of lung tissue and organising pneumonia. Small glandular nodule in gastric mucosa.
- 87/25 F. 22.—Confined 16 days. Jaundice on second day. Large yellowish stone liver with petechiae. Large spleen. Purulent

- peritonitis. *Purulent pleurisy with exudate (double)*. Uterine cavity little changed. (Probably liver toxæmia of pregnancy; sepsis independent.)
- 110/25 M. 70.—*Fibrinous pleurisy. Compressed lung. Hypertrophied heart. Heart failure. Little fibrosis of kidneys.*
- 136/25 F. 41.—*Osteo-sarcoma of dorsal spine or iliac bone. Paraplegia. Extensive bedsores. Infective nephritis. Purulent pleurisy.*
- 114/25 F. 26.—*Double empyemata with compression of lungs and ascent of diaphragm and heart. Failure to expand. Some organisation. Infective focus in kidney.*
- 173/25 M. 60.—*Inspissated empyema. Organising pneumonia (?) . Malignant endocarditis (aortic). Enlarged prostate and hypertrophied bladder. Gallstones.*
- 208/25 F. 47.—*Jaundice. Irregular contracted liver (? syphilitic). Large spleen. Haemorrhage from bowel. Inspissated empyema. Some fibrosis (?) of lungs. (Wassermann positive.)*
- 57/26 M. 71.—*Perinephric abscess. Subphrenic abscess. Right sided empyema with compression of lung.*
- 48/26 M. 40.—*Compressed lung from old empyema with pus in bronchioles. Small abscess in liver. Appendicitis. Contracted calcified scar in aortic valve, probably healed subacute endocarditis. Abscesses round teeth.*
- 49/26 F. 64.—*Blood-stained, perhaps infected, pleuritic effusion with compression and infarcts of lung. Emphysematous bulla of upper lobe. One kidney congenitally small. Hypertrophied heart from essential hyperpiesis. Calcified coronaries. Advanced atheroma. Uterine polyp. Small a.m. clots at apex of left ventricle. Infarct in left kidney.*
- 48/27 M. 31.—*Small old empyema cavity. Some emphysema and collapse of lungs. Secondary abscesses in frontal, parietal, occipital lobes and cerebellum. Soft spleen.*
- 147/27 M. 51.—*Carcinoma projecting into bronchiole. Empyema cavity-drained. Inspissated pus at the base. Consolidation of lung. (Tuberculosis negative.)*
- 207/27 F. 47.—*Patient had achlorhydria and diarrhoea, gall bladder and one ovary removed and gastro-enterostomy. Great emaciation. Dilatation of stomach. Fibrinous pleurisy. Agonal intussusceptions. Death from asthenia and diarrhoea. (Tuberculosis positive, healed.)*
- 3/28 M. 26.—*Large foul left-sided empyema. Small abscess in left upper lobe. Bedsores. (Tuberculosis positive.)*
- 21/28 M. 8 months.—*Organisation of lobar pneumonia. Old empyema. (Tuberculosis negative.)*
- 9/28 M. 34.—*Cerebral abscesses, probably due to Pfeiffer infection, with secondary meningitis, secondary to chronic empyema and carnification of lung. Fatty liver. (Tuberculosis negative.)*
- 62/28 M. 55.—*Lobar pneumonia. Double purulent pleurisy with left empyema. Compression of bases of lungs. Cloudy swelling. Temporary obstructive jaundice. (Tuberculosis negative.)*
- 78/28 F. 30.—*Foul abscess of left lung and empyema with some collapse (teeth extracted some weeks previously). Simple cyst of ovary. (Tuberculosis negative.)*

- 138/28 F. 34.—*Large empyema cavity with haemolytic streptococci and compression of lung.* Old infarcts, one breaking down and caseated-looking, in lungs. Hypertrophied and dilated heart (20ozs.) with a.m. clots, one like a ball-thrombus in left ventricle, no apparent cause for the hypertrophy. Chronic venous congestion of the liver and spleen. Old infarcts in the kidneys. Old clots in the femoral and left external iliac veins, the latter soft and purulent looking (yielding a few streptococci). Confinement about $2\frac{1}{2}$ months before. Bone marrow reddish. (Tuberculosis negative.)
- 195/28 F. 62.—*Old empyema of left side, with bronchiectasis and small abscesses in left lower lobe. Broncho-pneumonia. Myomata of uterus. Amputated foot after accident one month ago. Tuberculosis positive, healed.*
- 206/28 F. 34.—*Double, very foul, empyemata, one with 25ozs. of pus. Recently confined, but empyemata perhaps independent of this.* Compression of lung. Large soft spleen. Small cysts in pancreas. Some retained decidua in uterus. Three lobes to each lung. (Tuberculosis negative.)
- 75/29 F. 21.—*Chronic empyema with submammary and subphrenic abscesses on the left side. Abscess (streptococcal) of left lobe of cerebellum. Fibrosis of left lung.*
- 96/29 M. 39.—*Appendicitis with secondary abscess and peritoneal adhesions with pus in the folds of the mesentery and in the pelvis and faecal fistula. Large left-sided pyo-pneumo-thorax with compressed lung.* (Tuberculosis negative.)
- 104/29 F. 60.—*Purulent basal pleurisy on each side, with general purulent peritonitis. Bases of lungs red, somewhat friable, perhaps resolving pneumonia at right base. Cloudy swelling. Meckel's diverticulum. P.m. digestion of stomach.* (Tuberculosis negative.)
- 127/29 F. 84.—*Double purulent pneumococcal pleurisy with some collapse of lung, some bronchitis and atrophic emphysema but no definite broncho-pneumonia. Purulent infiltration of epiglottis. Atheroma of abdominal aorta. Gallstone.* (Tuberculosis positive, healed.)
- 153/29 M. 39.—*Right subphrenic abscess. Empyema on right side, hydrothorax on left. Some collapse of lungs. Enlarged spleen (32½ozs.) with one small infarct. Large follicles in intestines. Thrombosis of left external iliac vein. Cellular bone marrow. Picture first of pernicious anaemia, later 45,000 white cells—'leukanaemia'?* (Tuberculosis negative.)

LUNGS AND PLEURA.—VARIOUS.

- 28/26 — —.—*Malignant mass, ? carcinoma, surrounding left bronchus. Deposits in lung, rib, ovaries, aortic gland. Interstitial emphysema of lung and pneumothorax.*
- 202/27 F. 14 months.—*Broncho-pneumonia after measles. Some interstitial emphysema.* (Tuberculosis negative.)
- 205/27 M. 17 months.—*Flexner dysentery with erosions in the colon. Some collapse, interstitial emphysema and broncho-pneumonia following whooping cough. Hypoplasia of enamel.* (Tuberculosis negative.)

- 165/26 F. 36.—Rupture of serous coat of uterus with extensive peritoneal haemorrhage. Placenta previa. *Apigmented lungs*. Four cusps to pulmonary valve.
- 213/29 F. 22.—*Extra lobe to right lung*. Septic necrosis of wall of uterus following abortion or death of foetus. Infective venous thrombosis. Infective infarcts of lung with cavity formation. *B. Welchii*.
- 206/28 F. 34.—Double very foul empyemata, one with 25ozs. of pus; recently confined, but empyemata perhaps independent of this. Compression of lung. Large soft spleen. Small cysts in pancreas. Some retained decidua in uterus. *Three lobes to each lung*. (Tuberculosis negative.)
- 97/29 M. 74.—Cerebral thrombosis probably. Congested and oedematous lungs becoming friable. *Firm patch in right lung with calcification in alveolar walls and septa*. Fibrosis with inspissated pus in epididymis. Large degenerated papillary adenoma in left kidney. *Left lung with three lobes, right with two*.
- 206/26 M. 63.—Fibrotic kidneys. Perinephritic adhesions. Cystitis. Stricture of urethra. *Calcified patch in right pleura probably from old empyema with adhesions over both lungs. Pleura very thick at right apex*.
- 59/28 M. 57.—Inspissated pus (pneumococcal) in sphenoidal cells. *Calcified plaque in right pleura* with some fibrosis from organisation in lung. Glisson's capsule diffusely infiltrated with pmn. cells. Encephalitis (?). Probably septicaemia. (Tuberculosis negative.)
- 87/28 M. 42.—Thrombosis (embolism ?) of left coronary artery. *Calcification in left pleura* and some carnification of left lower lobe. Acute pulmonary oedema. (Tuberculosis indefinite.)
- 103/28 M. 73.—Carcinoma of head of pancreas with obstruction of common duct and deep jaundice. *Large calcified empyema of left side, small one on right side*. Small white nodules and a plaque on surface of liver. Atrophic kidneys. Some hypertrophy of left ventricle. Much atheroma of abdominal aorta. (Tuberculosis negative.) (Wassermann negative.)
- 24/39 M. 54.—Lobar pneumonia (grey hepatization). Some emphysema, fibrotic right upper lobe. *Calcified plaque (old empyema) in pleura*. Moderate hypertrophy of the heart (17½ozs.). Cloudy swelling. Early red granular kidneys. (Tuberculosis positive, healed.)
- 159/28 M. 76.—Carcinoma of the sigmoid with intestinal adhesions and secondary abscess extending into the ileo-psoas and passing upwards to level of kidney and down below Poupart's ligament. Several small polypi and diverticula of colon. Foul cystitis with a soft concretion. Fibro-sarcoma (probably) of muscular wall of stomach. Gallstones. Moderate atheroma. *Calcified pleural plaque*. Large spleen (9½ozs.). (Tuberculosis negative.)
- 122/26 M. 60.—*Pneumothorax, haemothorax (36ozs.) from necrosed lung, partly compressed, from unresolved pneumonia*. Miliary nodules in mucosa of ileum.
- 186/29 M. 55.—*Old pneumothorax with thick fibrous walls. Completely collapsed lung*. Scattered small tuberculous foci in other lung. Calcified areas in aortic cusps, (?) healed sub-

acute malignant endocarditis. Subacute glomerulonephritis. Small cyst above epiglottis.

- 145/26 M. 68.—*Collapse of lung from fish vertebra 10 years before, organisation, dilated bronchus (squamous epithelium). Broncho-and hypostatic pneumonia. Peripheral neuritis (probably). Early unsuspected carcinoma of rectum. Small secondary deposit in liver.*
- 120/26 F. 83.—*Carcinoma of stomach (greater curvature), deposits in liver, aortic glands, supraclavicular gland. Emphysema. Some collapse. Adenomatous thyroid nodule. Atheroma of aorta. Pleurisy. Thrombosis in pulmonary artery.*
- 65/28 F. 24.—*Hydatidiform mole. Multiple small syncytial infarctions of the lungs with some collapse giving rise to dark purple lungs. Blood fluid. (Tuberculosis doubtful, healed.)*

ASTHMA.

- 194/25 M. 62.—*Asthma. Polypoid masses in antrum. Operation. Death in evening. Lungs over-distended. Congestion of trachea and bronchi. Fibrinous plugs in bronchioles. Area of organised lung. Haemolymph glands in lower neck.*
- 61/27 M. 63.—*Emphysema and chronic bronchitis. Asthma. Dilated right heart. Empyema of antrum of Highmore.*
- 100/27 M. 68.—*Fibrosis of lungs with pleuritic adhesions and some fibrotic nodules. Perhaps a few foci of tuberculosis, negligible in amount, not seen microscopically. History of asthma. Greatly hypertrophied and dilated right heart. Chronic venous congestion of liver. Small nodule (papilliferous adenoma) in kidney. Prostatic calculi.*
- 233/28 M. 84.—*Asthma. Emphysema. Some hypertrophy of left ventricle. Fatty liver. Calcification of abdominal aorta. Death attributed to heart failure from asthma and emphysema. (Tuberculosis negative.)*

(3) ALIMENTARY SYSTEM.

DISEASES OF THE MOUTH AND TEETH.

- 134/26 M. 71.—*Flabby heart. Syncope in bath. Some fluid in both lungs. Gallstones. Microstomia. Exfoliative dermatitis.*
- 152/25 M. 67.—*Profuse pyorrhoea. Gangrene of the lips. Hypertrophy and dilation of heart. A.m. clots in auricular appendix. Syphilitic aortitis and atheroma. Dilatation of aortic ring. Chronic venous congestion. Heart failure and toxic absorption.*
- 118/29 F. 46.—*Recent early abortion and curettage, uterus apparently normal. Enlarged soft spleen with many haemolytic streptococci. Infective softening in left occipital lobe with numerous streptococci (? source). Soft flabby heart. Cloudy swelling of liver and kidneys. Chronic duodenal ulcer. Some emphysema. Pyorrhoea. (Tuberculosis negative.)*
- 48/26 M. 40.—*Compressed lung from old empyema with pus in bronchioles. Small abscess in liver. Appendicitis. Contracted calcified scar in aortic valve at junction of two cusps, probably healed subacute malignant endocarditis. Abscesses round teeth.*

- 226/28 M. 54.—*Gangrenous gingivitis after removal of teeth for pyorrhoea, with exposure of bare bone. S. aureus infection. Pharyngitis with exudate. Oedematous lungs. Cloudy swelling of liver and kidneys. Large spleen. Thickened mucosal plaques in colon. (Tuberculosis negative.)*
- 72/29 M. 72.—*Infected tooth sockets after extraction for pyorrhoea with osteitis, separation of periosteum and abscess formation. Irregular pneumonic consolidation of right lung with indefinite small abscess. Large somewhat soft spleen. Cloudy swelling. Toxaemia (Tuberculosis negative.)*
- 205/27 M. 17 months.—*Flexner dysentery with erosions in the colon. Some collapse, interstitial emphysema and broncho-pneumonia following whooping-cough. Hypoplasia of enamel. (Tuberculosis negative.)*
- 78/28 F. 30.—*Foul abscess of left lung and empyema with some collapse (Teeth extracted some weeks before.) Simple cyst of ovary. (Tuberculosis negative.)*
- 195/27 F. 20.—*Caseous tuberculous broncho-pneumonia with cavitation. Tuberculous cervical, mesenteric, mediastinal and bronchial glands. Tuberculous ulcers of intestine. Adherent pericardium. Small ulcer of tongue from carious tooth. Cloudy swelling. (Tuberculosis positive.)*
- 124/26 F. 46.—*Hypertrophic biliary cirrhosis with jaundice and slight ascites. Haemorrhage into stomach from distended vein. Gall-bladder distended with watery fluid and inspissated bile pigment. Suppuration of left parotid. Small uterine fibroid.*
- 155/28 M. 62.—*Fractured skull with subdural haemorrhages and trauma and haemorrhages on under sides of frontal lobes and of right temporo-sphenoidal lobe and in substance of occipital lobe. Purulent parotitis. (Tuberculosis positive, healed.)*
- 144/29 M. 33.—*Patient operated on one year ago for duodenal ulcer, which was excised and successful gastro-enterostomy done. Some petechiae in stomach. Necrotic patches in colon and rectum responsible for bleeding p.r. Broncho and hypostatic pneumonia. Inflamed left parotid (incised). Spleen slightly enlarged. Ulcer on venesection mark (elbow). S. aureus grown (Tuberculosis negative.)*
- 124/25 M. 17.—*Hypertrophied and dilated heart. Chronic venous congestion with jaundice. Large kidneys. Oedematous lungs. Infective tonsils. Heart failure.*
- 185/26 M. 21.—*Septic tonsillitis and pharyngitis, probably not scarlatinal. Haemorrhagic rash. Small area of broncho-pneumonia.*

OESOPHAGUS.

- 101/29 M. 61.—*Fibrosis in left lung probably from organised pneumonia with cavities in the upper lobe attributed to bronchiectasis and breaking down of abscesses. Emphysema of other lung without other lesions. Some small varicose veins in the oesophagus. Much blood in stomach and intestines. A round acute perforation at the beginning of the jejunum. Aortic stenosis from calcification and adhesions of cusps. Suprarenal tissue plastered on one kidney. (Tuberculosis negative.)*

- 117/27 M. 58.—Convalescing Hone's typhus-like disease. Large soft dark red spleen, intensely congested dripping kidneys, congested liver. *Haemorrhagic streaks in oesophagus.*
- 131/26 F. 49.—Chronic interstitial nephritis with very small kidneys and mass of foamy cells. Moderate cardiac hypertrophy, ascites, etc. Early pericarditis. *Small abscess in oesophagus.* Exudate in pouch of Douglas. Free old thrombi in veins of broad ligament.
- 182/27 M. 22.—Subacute nephritis (large white kidneys). Some renal oedema. Slight hypertrophy of heart (11½ ozs.). Oedema and congestion of lungs. *Acute ulceration of upper part of oesophagus.* Uraemia with suppression of urine. (Tuberculosis negative.)
- 194/28 M. 73.—Cerebral tumour in roof of lateral ventricles. Large prostate. Some emphysema. Some renal fibrosis. Bedsores. *Ulcer in oesophagus near ary-epiglottidean fold, ? due to acute decubitus.* Subcutaneous lipoma of forearm. Cestode (*Taenia saginata*). (Tuberculosis negative.)
- 31/27 M. 39.—Pott's disease. Inspissated cold abscess in left pleura, extending to the lung. Great thickening at apex. Both lung apices fibrosed with a few tuberculous foci. Tuberculosis of both suprarenals and fibrosing tuberculosis of each epididymis. *Healed ulcer pocket of oesophagus (? from tuberculous gland).* Large thyroid with degenerated adenomatous nodules.
- 153/27 M. 45.—(Fell off horse). Sticky peritonitis with a little pus. No lesion of alimentary canal. Small acute ulcer of vocal cord. *Old traction diverticulum of oesophagus.* Indurated purplish rash on back. Recent pleuritic adhesions.
- 115/28 M. 69.—Old urethral sinuses. Chronic cystitis and foul urine. Right-sided pyelitis. Hypostatic pneumonia. *Small traction diverticulum in oesophagus near bifurcation of trachea.* (Tuberculosis positive, healed.)
- 88/28 F. 70.—Extensive atheroma of aorta and *gummatous syphilitic aortitis with adhesions to the left lung and oesophagus, etc., and ulceration of the oesophagus at the bifurcation of the trachea and haemorrhage therefrom.* Atheroma of abdominal aorta. Strawberry gall-bladder. (Tuberculosis negative.)
- 111/25 M. 64.—Small fleshy fibrotic liver, ? secondary to old hydatids. Ascites and double hydrothorax. Atrophy of heart. *Hypertrophy of lower oesophageal wall.*
- 136/29 M. 63.—Large-celled carcinoma, probably primary, in liver in fibrosed area, extensive carcinomatous peritonitis, deposits in the abdominal aortic glands, large deposits in the mesentery, infiltration in the portal fissure and invasion of wall of portal vein, portal seeding in liver, infiltration of mediastinum. Compressed lungs. *Constriction in oesophagus (non-malignant) with hypertrophied wall below.* (Tuberculosis negative.) (Wassermann negative.)
- 210/27 M. 42.—Acute entero-colitis (B. Aertrycke group). Chronic gastric ulcer. *Small warty plaques in oesophagus.* Small cyst (?) near diaphragm. Atrophic testis. (Tuberculosis negative.)

- 174/27 M. 17.—Caseous tracheal and left hylic glands. Tuberculous meningitis. Miliary tuberculosis of spleen and diaphragm. *P.m. digestion of oesophagus.* (Tuberculosis negative.)

STOMACH.

- 13/27 M. 42.—Delirium tremens. *Haematemesis with pin point gastric haemorrhages over small area.* Fatty liver.
- 105/27 F. 55.—Somewhat hypertrophied and dilated heart not explainable by valvular or renal lesions. Atheroma of coronaries and abdominal aorta, soft heart wall. Induration, oedema and congestion of lungs. Intense chronic venous congestion of the liver and spleen with general oedema and ascites. Large fractured gallstone and mass of inspissated bile-pigment. *Old haemorrhagic erosions of the stomach.* Slight diverticulosis. Prolapsus uteri.
- 142/29 M. 52.—Hypertrophied and dilated heart. Pericarditis. Granular contracted kidneys with arterio-sclerosis. Atheroma of aorta and coronaries. Brown induration of lungs and nutmeg liver. *Haemorrhage into gastric mucosa.* Healed tuberculous cavity in lung with calcification in tracheo-bronchial gland. (Tuberculosis positive, quiescent.)
- 151/29 M. 43.—Red granular kidneys. Hypertrophied and dilated heart (weight 21ozs.). Heart failure. Terminal pericarditis. Double hydrothorax. Oedematous lungs. *Haemorrhage into stomach.* Inflammation of sigmoid with ulcer.
- 144/29 M. 33.—Patient operated on one year ago for duodenal ulcer, which was excised and *successful gastro-enterostomy done.* Some *petechiae in stomach.* Necrotic patches in colon and rectum probably responsible for bleeding p.r. Broncho and hypostatic pneumonia. Inflamed left parotid (incised). Spleen slightly enlarged. Ulcer on venesection mark (elbow). *S. aureus* grown. (Tuberculosis negative.)
- 32/29 M. 73.—*Purpura (possibly scurvy).* Had *haematemesis*, melaena, haematuria, epistaxis, purpuric rash, extensive haemorrhages into abdominal muscles. Rather large soft spleen (11½ozs.). Cloudy swelling of liver. Varicose veins of legs. *Small myomatous nodule in cardiac end of stomach.* (Tuberculosis positive, healed.)
- 193/26 M. 68.—Urethral stricture. Hypertrophy, dilatation and sacculation of bladder. Dilatation of ureters and renal pelves. Cystitis pyelitis, etc. Chronic nephritis. Perineal fistula. Prostatic cysts. Uraemia. *Acute gastritis.* Emphysema.
- 240/25 M. 46.—*Gastritis.* Fatty liver. Somewhat wet brain (acute alcoholism.)
- 90/28 M. 60.—Solitary gallstone blocking common duct with hydrops of gall-bladder. *Gastritis* and hepatitis (escape of gas, friable, ? p.m. changes). (Tuberculosis negative.)
- 46/28 M. 57.—Angina pectoris. Atheroma of coronaries. Myocardial degeneration. Oedema of lungs. *Chronic gastritis and dilatation of stomach.* (Tuberculosis negative.)
- 84/25 F. 58.—Carcinoma of stomach. Gangrene from infection of colostomy wound. *Dilated stomach.* ? Degenerated deposits in liver.
- 170/25 F. 69.—Carcinoma of pancreas. Deposit in liver. Hypostatic and broncho-pneumonia. Gallstones. *Dilatation of stomach.* Some interstitial nephritis.

- 71/27 M. 39.—Syphilitic aortitis and saccular aneurysm of ascending aorta. Compression of right lung. Pleuritic effusion. Purulent pericarditis, with two pints of turbid fluid. Meckel's diverticulum. *Dilated stomach.*
- 47/28 M. 66.—Heart dilated, myocardium soft, considerable subserous fat. Fatty liver. Rather wet brain (alcoholic history). *Dilated and congested stomach.* Meckel's diverticulum. Sigmoid diverticulosis. (Tuberculosis negative.)
- 50/28 M. 73.—Carcinoma of the larynx, secondary glands of the neck. Some scarring of aortic cusps. *Dilated stomach.* (Tuberculosis negative.)
- 232/28 M. 48.—Pulmonary tuberculosis with cavitation and fibrosis and slight recent spread. *Dilatation of the stomach with an acute bend, vomiting.* Duodenum dilated, liver nutmeggy. Death attributed to exhaustion from the vomiting. (Tuberculosis positive.)
- 79/29 M. 71. Chronic bronchitis with congested lungs and some pneumonia, not resolving. Some hypertrophy and dilation of both ventricles, cause not ascertained. *Stomach distended.* (Tuberculosis negative.)
- 79/27 F. 56.—Hernia of the small intestine through the transverse mesocolon and the gastro-hepatic omentum. *Lower portion of stomach much elongated.* Adhesions between colon and sigmoid. Some emphysema.
- 207/27 F. 47.—Patient had achlorhydria and diarrhoea, gall-bladder and one ovary removed and gastro-enterostomy. *Great emaciation. Dilation of stomach.* Fibrinous pleurisy. Agonal intussusceptions. Death from asthenia and diarrhoea. (Tuberculosis positive, healed.)
- 98/25 M. 66.—Recurrence of carcinoma of prostate, deposits in aortic glands, etc. Foul suprapubic wound. Uraemia and *hypertrophy of pylorus and dilation of stomach.*
- 27/27 M. 36.—Multiple superficial scarring and ulceration of small intestine. Scarring of duodenum probably of similar origin. *Some hypertrophy of the pylorus.* Sound gastro-jejunosomy wound. Small abscess cavity in lung, probably from inhalation pneumonia. Shock following removal of part of jejunum.
- 92/26 M. 59 ?.—Lobar pneumonia. Early pericarditis. Small tuberculous cavity in upper lobe of other lung with some miliary tubercles. Acute gastric ulcer. *Pyloric hypertrophy (? from achalasia).*
- 209/26 M. 63.—Squamous epithelioma of oesophagus with stricture. Malignant glands, deposits in scapula, in heart with vegetations, ? small deposits in kidneys. *Slight hypertrophy of pylorus (? achalasia-gastro-enterostomy done).* *Distension of large gut.* Syphilitic aortitis. Inspissated bile-pigment calculi.
- 143/27 M. 54.—Extreme eczematous dermatitis. Extensive fatty degeneration in renal cortex with some subacute glomerulonephritis. Fatty, perhaps slightly fibrotic liver. Oedema and congestion of lungs. Slight excess of C.S. fluid. *Some hypertrophy of pylorus.* Toxaemia and alcoholism (? delirium tremens). Tuberculosis negative.)
- 57/29 M. 43.—Red granular contracting kidneys (primary). Hypertrophied heart (21½ ozs.). Uraemia. Oedematous

- lungs. *Peculiar rugose pendent hypertrophied folds of mucous membrane of stomach over a limited area.* Small ulcers of hepatic flexure of colon. (Tuberculosis negative.) (Wassermann negative.)
- 76/29 M. 42.—Subacute glomerulo-nephritis. Simple pericarditis. Cardiac hypertrophy (weight $20\frac{1}{2}$ ozs.) and dilatation. Chronic venous congestion of liver. Oedema and compression of lungs, with organising pneumonia in right upper lobe. *Rugae in fundus of stomach prominent.* Uraemia. (Tuberculosis negative.)
- 67/29 F. 34.—Hyperpiesis, probably essential, B.P. 260/170. Greatly hypertrophied left ventricle, heart weighing $22\frac{1}{2}$ ozs. Kidneys practically normal. Cerebral haemorrhage. *Soft nodule (pancreatic) with depressed summit near pylorus.* Small polyp in colon. Two rounded gallstones (radiating structure). (Tuberculosis negative.)
- 82/25 M. 62.—Empyema. Collapse and organised pneumonia. *Small glandular nodule in gastric mucosa.*
- 210/25 M. 60.—Diabetes. Diabetic coma. Tuberculous abscesses of lung. Calcified hydatid of liver. Infective hydro-nephrosis with some renal atrophy. *Small fibromatous nodule in mucosa of stomach.*
- 133/26 F. 55.—Carcinoma of rectum. Extension to pelvic wall. Intestinal obstruction. Fatty liver. Gallstones (two kinds) *Small nodules, fibromata, in gastric mucosa.* Clots in popliteal vein.
- 85/28 M. 50.—Aneurysm of the arch of the aorta, perforating into the left pleura with left haemothorax. Syphilitic aortitis. Hyperplasia of prostate. *Nodule in stomach wall (fibroma).* (Tuberculosis negative.)
- 121/26 M. 60.—Silicosis (moderate). Unresolved influenzal pneumonia. Large spleen. Atheroma of coronaries and abdominal aorta. *Small polyp of stomach.* Dilated right heart. No growth in cultures of lung and spleen.
- 147/26 M. 84.—Dilated somewhat hypertrophied heart. Atheroma of coronaries, etc. Kidneys nearly normal. Broncho and hypostatic pneumonia. *Small polyps of colon and stomach.*
- 175/27 M. 42.—Spindle celled sarcoma of calf, history of injury. Large glands in groin. Multiple deposits in lungs, deposits in mediastinum and bronchial glands. *Deposit in pyloric gland which has ulcerated through into the pylorus with fungating growth.*
- 104/29 F. 60.—Purulent basal pleurisy on each side with general purulent peritonitis. Bases of lungs red, somewhat friable, perhaps resolving pneumonia at right base. Cloudy swelling. Meckel's diverticulum. *P.m. digestion of stomach.* (Tuberculosis negative.)

ULCERS OF THE STOMACH.

- 92/26 M. 59?—Lobar pneumonia. Early pericarditis. Small tuberculous cavity in upper lobe of other lung with some miliary tubercles. *Acute gastric ulcer.* Pyloric hypertrophy (?from achalasia).
- 171/27 F. 52.—Paralytic ileus following panhysterectomy for carcinoma of the uterus. Fibro-fatty liver. *Acute ulcers in lesser curvature.*

- 191/27 M. 22.—Tuberculosis of prostate. Tuberculous meningitis. Double hydronephrosis. *Acute ulcer of fundus of stomach.* (Tuberculosis positive.)
- 80/28 M. 63.—Squamous epithelioma of palate extending into the base of the skull. *Two acute gastric ulcers, abundant hæmorrhage from one.* Small cavernous angioma of liver. Cyst of right epididymis. Some emphysema of lungs. Some renal fibrosis. (Tuberculosis negative.)
- 152/28 M. 36.—Small pale granular kidneys with peri-nephritic abscess on left side. Hypertrophied left ventricle. Atheroma and syphilitic aortitis. *Several superficial ulcers of stomach.* Some broncho-pneumonia. Healed ulcers in ileum. Calcified mesenteric glands. (Tuberculosis positive.)
- 137/28 F. 50.—Syphilitic aortitis with some dilatation and some extension to aortic valve and coronary orifices with one cusp bound back against the aortic wall by scar tissue. Much cardiac hypertrophy and dilatation. Infarcts in the lungs. Chronic venous congestion of liver, spleen, and kidneys. Small uterine fibroids. Hydrosalpinx. *Two small gastric ulcers (acute) and an erosion.* (Tuberculosis negative.) (Wassermann positive.)
- 70/29 M. 67.—Chronic bronchitis with fibrosis of lungs, oedema and irregular pneumonic consolidation. Intense atheroma of aorta. *Necrotic ulcer in stomach probably from vascular occlusion from clot from atheromatous ulcer.* (Tuberculosis negative.)
- 80/29 M. 46.—Cirrhosis of liver of fine atrophic type. Considerable hypertrophy and dilatation of heart without renal or valvular disease, weight 21ozs. Obesity. Intestines filled with fluid. *Superficial ulcer of pylorus.* (Tuberculosis negative.)
- 200/28 M. 69.—Hypertrophied and dilated heart (22½ozs.), nutmeg liver, some chronic interstitial nephritis. Broncho-pneumonia. Atheroma of abdominal aorta. *Subacute ulcer of lesser curvature of stomach.* Submucous lipoma (?) of small intestine. Small papillary adenoma in kidney. (Tuberculosis negative.) (Wassermann negative.)
- 148/25 M. 52.—Carcinoma of stomach on *chronic crateriform ulcer* or of pancreas. Perforation with peritonitis. Paralytic ileus. Deposits in liver, glands.
- 206/25 M. 49.—Red granular contracted kidneys. Hypertrophy and dilatation of heart. Chronic venous congestion and pleuritic effusion. *Chronic gastric ulcer.* Meckel's diverticulum.
- 202/26 F. 47.—Fibro-fatty liver. Ascites. Renal atrophy from calculus. Left kidney arterio-sclerotic. Chronic inflammatory reaction round left suprarenal. *Old excoriated ulceration of stomach.* Atheroma of abdominal aorta.
- 73/27 M. 74.—Probably cerebral softening from thrombosis. Very atheromatous cerebral vessels. Emphysema. Groups of projecting veins at base of bladder. Carcinoma of prostate? *Chronic gastric ulcer with hæmorrhage.* Infarct in lung.
- 75/27 M. 50.—Lobar pneumonia. Areas of necrosing (?) lung. *Chronic gastric ulcer.* Old organised vegetation on pulmonary valve.
- 189/27 M. 74.—*Ulcers of stomach with peritoneal adhesions.* Hypostatic pneumonia. (Tuberculosis positive, quiescent.) (Wassermann negative.)

- 210/27 M. 42.—Acute enterocolitis (B. Aertryche group). *Chronic gastric ulcer*. Small warty plaques in oesophagus. Small cyst (?) near diaphragm. Atrophic testis. (Tuberculosis negative.)
- 45/28 M. 65.—Tuberculous caries of lower cervical vertebrae with prevertebral abscesses. Organisation of collapsed left lung. Hydatid scar in liver with atrophied left lobe. Degenerated seeded hydatid cyst in pelvis. Chronic interstitial nephritis. *Chronic gastric ulcer*. Duodenal scar. (Tuberculosis positive.) (Wasserman negative.)
- 164/28 M. 40.—*Ruptured gastric ulcer with haemorrhage in the alimentary canal and secondary peritonitis*. Healing wound in knee. A little emphysema. (Tuberculosis negative.)
- 105/29 M. 74.—*Chronic gastric ulcer with fatal haemorrhage*. Some atheroma of abdominal aorta. (Tuberculosis negative.)
- 233/25 M. 33.—Carcinomatous deposits in liver, glands of hila of lungs, mediastinum, mesentery. *Healed gastric ulcer*.
- 220/27 F. 48.—Pulmonary tuberculosis with cavitation. Tuberculous ulcers of intestine. Calcified mesenteric gland. *Healed pyloric ulcer*. (Tuberculosis positive.)
- 49/28 M. 63.—Broncho-pneumonia with some silicosis (miner). Pernicious anaemia ?, red femur marrow. *Old pyloric scar and some hypertrophy of pylorus*. Slight ulceration of ileum. Large spleen. (Death—broncho-pneumonia and pernicious anaemia.) (Tuberculosis doubtful.)
- 147/29 F. 56.—Necrosis and abscess in upper part of sternum. Infection of left middle ear. Abscess in right occipital lobe with some meningitis. *Healed gastric ulcers*. Small nodules like tubercles in lower ileum. Foul cystitis. (Tuberculosis positive, healed.)

DUODENAL ULCERS.

- 135/25 M. 39.—Irregular red cirrhosis of liver with jaundice following bile ducts. Cholecystenterostomy. Purulent infiltration and peritonitis. *Two subacute duodenal ulcers*. Infarcts (?) in spleen. Haemolymph glands.
- 118/27 M. 18.—Operation for gangrenous appendix. Retrocaecal abscess. Purulent phlebitis of ileo-colic vein, extending to superior mesenteric and portal with extensive portal pyaemia in liver. Jaundice. Haemorrhagic pneumonia of left lung. Large spleen. Cloudy swelling of kidneys. *Chronic ulcer of duodenum*. Caseous mesenteric gland.
- 170/27 M. 72.—*Perforated duodenal ulcer with second ulcer eroding pancreas*. General faeco-purulent peritonitis and pneumoperitoneum. Fibrinous pleurisy. Small fibroma of renal medulla.
- 140/28 M. 67.—*Gastro-enterostomy for duodenal ulcer, closure of duodenum*. Scar tissue present and polypoid projection at pylorus. Opening much easier from stomach to third part of duodenum than to jejunum. Some dilatation of stomach. Vomiting. (Tuberculosis negative.)
- 118/29 F. 46.—Recent early abortion and curettage, uterus apparently normal. Enlarged soft spleen with many haemolytic streptococci. Infective softening in left occipital lobe with numerous streptococci (? source). Soft, flabby

- heart. Cloudy swelling of liver and kidneys. *Chronic duodenal ulcer*. Some emphysema. Pyorrhoea. (Tuberculosis negative.)
- 144/29 M. 33.—*Patient operated on one year ago for duodenal ulcer, which was excised and successful gastro-enterostomy done.* Some petechiae in stomach. Necrotic patches in colon and rectum probably responsible for bleeding p.r. Broncho and hypostatic pneumonia. Inflamed left parotid (incised). Spleen slightly enlarged. Ulcer on venesection mark (elbow). *S. aureus* grown. (Tuberculosis negative.)
- 232/25 M. 61.—Ununited fracture of neck of femur, eight weeks old. Melaena (no cause) and distension of colon. Some interstitial nephritis. Gallstones. Slight syphilitic aortitis. *Scar of duodenal ulcer*.
- 171/26 M. 30.—Hypertrophy and dilatation of heart probably from hyperpiesis (essential). Thrombosis in left subclavian vein and (small) apex of left ventricle. Infarcts in lung. Chronic venous congestion of liver, spleen. Tuberculosis of kidneys (early in one). Tuberculous vesiculae seminales. Healed tuberculous hip. Inspissated cold abscess (?) from neck. *Healed duodenal ulcer*. Chronic ulcer (? tuberculous) of ascending colon. Infective ulcers of penis.
- 27/27 M. 36.—Multiple superficial scarring ulceration of small intestine. *Scarring of duodenum probably of similar origin*. Some hypertrophy of the pylorus. Sound gastro-jejunosotomy wound. Small abscess-cavity in lung, probably from inhalation pneumonia. Shock following removal of part of jejunum.
- 45/28 M. 65.—Caries of lower cervical vertebra with prevertebral abscess. Organisation of collapsed left lung. Hydatid scar in liver with atrophied left lobe. Degenerated seeded hydatid cyst in pelvis. Chronic interstitial nephritis. Chronic gastric ulcer. *Duodenal scar*. (Tuberculosis positive.) (Wassermann negative.)
- 58/28 M. 48.—Amyloid nephritis. Oedema and congestion of lungs with some organisation and pneumonia. Old apical pulmonary tuberculosis. *Scars of duodenal ulcers*. Gallstones (fractured, cholesterol-pigment). Ankylosed hip (probably old tuberculous) with compensatory kyphosis, etc. Uraemia. (Tuberculosis positive.)
- 175/28 M. 46.—Double lobar pneumonia with empyema and early pericarditis. Cloudy swelling of organs. *Slight old duodenal scar*. (Tuberculosis negative.) (Wassermann negative.)
- 182/28 M. 46.—Syphilitic aortitis with saccular aneurysms, one eroding vertebrae. Bronchitis. Yellow caseous foci in kidneys. *Gastro-enterostomy with old duodenal scar*. (Tuberculosis negative.) (Wassermann positive, negative four years ago.)
- 141/29 M. 17.—Tuberculous foci in right epididymis and vesicula seminalis and lymph gland near caecum and in bronchial and mediastinal glands. Very extensive miliary tuberculosis of lungs and some of kidneys, etc., and early tuberculous meningitis. T.B. probably entered by alimentary canal. *Small duodenal pigmented scars*. (Tuberculosis positive.)

- 83/29 M. 71.—Somewhat hypertrophied and much dilated heart, weight 16½ozs., with calcified coronaries and thinning of wall of left ventricle. Small a.m. clots in right auricular appendix and left ventricular wall. Infarct in lung. Some chronic bronchitis and emphysema. Chronic venous congestion of liver and spleen. Oedema and hydrothorax. Small polyp in colon. *Duodenal pigmentation from old ulcer.* Actinomycosis (?) of epididymis. (Tuberculosis negative.) (Wassermann negative.)

APPENDICITIS. APPENDIX.

- 5/27 F. 43.—*Gangrenous appendicitis. General peritonitis. Atrophic pancreas (diabetic).*
- 118/27 M. 18.—*Operation for gangrenous appendix. Retrocaecal abscess. Purulent phlebitis of ileo-colic vein, extending to superior mesenteric and portal with extensive portal pyaemia in liver. Jaundice. Haemorrhagic pneumonia of left lung. Large spleen. Cloudy swelling of kidneys. Chronic ulcer of duodenum. Caseous mesenteric gland.*
- 235/28 M. 39.—*Carcinoma of the pylorus, extension to the peritoneum and hepatic flexure, successful gastro-enterostomy. Gangrenous appendicitis (apparently independent) with peritonitis. Emphysema. (Tuberculosis negative.)*
- 238/25 M. 65.—*General peritonitis after appendectomy—slipping of suture. Brown atrophy of heart. Atheroma of coronaries and aorta.*
- 204/27 M. 58.—*Pia-arachnoid haemorrhage from rupture of aneurysm on middle cerebral. Old cerebral softening. Subacute appendicitis. Diverticulum of sigmoid. (Tuberculosis negative.)*
- 108/25 F. 24.—*Cystitis. Atony of bladder. Appendicitis (? secondary to bladder.)*
- 144/25 F. 34.—*Chronic appendicitis with abscess formation. Operation. Localized peritoneal abscesses. Septic spleen. Pulmonary embolism from clots in iliaes. Small infarct in lung with collapse.*
- 48/26 M. 40.—*Lung compressed from old empyema with pus in bronchioles. Small abscess in liver. Appendicitis. Contracted calcified scar in aortic valve, probably healed subacute malignant endocarditis. Abscesses round teeth.*
- 66/28 M. 65.—*Peritonitis. Appendiceal abscess. Some aspiration pneumonia. (Tuberculosis negative.)*
- 102/28 M. 39.—*Appendicitis and appendiceal abscess extending to pelvis and along external aspect of descending colon to form a subphrenic abscess near the spleen (21½ozs.). Multiple abscesses of liver. (Tuberculosis negative.)*
- 122/28 M. 56.—*Pelvic abscess secondary to appendicitis. General peritonitis and collections of pus between the coils of intestines. Broncho-pneumonia, congestion, oedema and some emphysema of the lungs. Cloudy swelling of liver and kidneys. (Tuberculosis negative.)*
- 43/29 F. 43.—*Chronic appendiceal abscess sealing pelvic inlet, secondary adhesions of small intestine. Twisting or nipping of lower coils with atony, intestinal obstruction and perforation. Slight superficial collapse in lungs. (Tuberculosis negative.)*

- 96/29 M. 39.—*Appendicitis with secondary abscess and peritoneal adhesions with pus in the folds of the mesentery and in the pelvis and faecal fistula. Large left-sided pyo-pneumothorax with compressed lung. (Tuberculosis negative.*
- 152/26 M. 63.—*Red granular contracted kidneys. Hypertrophied heart. Retention of clear mucus in appendix.*
- 129/26 M. 80.—*Bronchiectasis in right lung. Haemorrhage from it during life. Huge mucocele of appendix. Peritonitis. Enlarged prostate. Cystitis.*

INTESTINAL OBSTRUCTION. HERNIAS.

- 119/25 M. 65.—*Operation for inguinal hernia. Death nine days later. Cardiac failure. Infarct in lungs. Gallstones.*
- 30/26 F. 65.—*Carcinoma of thyroid. Deposits in lung, mediastinum. Death from dyspnoea. Inguinal hernia. Gallstone.*
- 206/27 M. 57.—*Fibrosing racemose pulmonary tuberculosis with extension to pleura and effusion on left side. Calcified speck in right suprarenal. Calcified area in right epididymis. Synechia pericardii. Reducible inguinal herniae. (Tuberculosis positive.)*
- 82/28 M. 70.—*(Head only). Fracture of skull. Epidural haemorrhage. Double inguinal herniae.*
- 169/28 M. 55.—*Operation seven days previously for inguinal hernia. Some blood extravasation in the stump. Small infarct in the lung and dark a.m. clots throughout pulmonary arteries (massive embolism or thrombosis) with patches of collapse, oedema, congestion, and some emphysema. Gallstone. Rather large spleen (11ozs.). (Tuberculosis negative.)*
- 50/29 M. 71.—*Enlarged prostate, hypertrophied and dilated bladder, dilated ureters and renal pelves, left-sided peri-nephritic suppurative infiltration. Cerebral softening with atheroma. Emphysema. Dilated right heart. Auricular fibrillation. Some hypostatic pneumonia. Atheroma of aorta. Gallstones. Inguinal hernia. Small cyst on brim of pelvis. Skull diploe reddish, ? early Paget's disease. (Tuberculosis negative.)*
- 117/29 M. 65.—*Suppurating hydatid of right lobe of liver; leakage and general peritonitis. Some secondary pneumonia. Right inguinal hernia.*
- 113/29 M. 73.—*Atypical pneumonia of left lung, speckled with pale spots due to early abscesses. Much emphysema with enormous bullae. Carcinoma of caecum with deposits in mesentery, abdominal aortic glands, left bronchial glands, left supraclavicular gland. Meningeal deposit dimpling cerebellum. Much atheroma of aorta. Inguinal hernia. (Tuberculosis negative.)*
- 126/29 M. 68.—*Reduced inguinal hernia with congested intestines and some purulent peritonitis. Old adherent coils of small intestine. Large foul necrotic abscess in mesentery. Hydrocele. Small polyp in stomach. (Tuberculosis negative.)*
- 193/25 F. 63.—*Diabetes. Pancreas small and fatty. Gangrene of heel. Empyema of gall-bladder. Very large normal kidneys. Intestinal adhesions. Atheroma of Circle of Willis. Atheroma and syphilitic aortitis. Omental umbilical hernia. Diabetic retinitis. Cataract.*

- 85/27 M. 78.—Pneumococcal meningitis with otitis media. Old infarct with thrombus and calcification at apex of left ventricle. Atheroma of abdominal aorta and coronaries. Distended lacteals in intestinal mucosa. *Small omental umbilical hernia*. Emphysema of lungs. Adhesions between site of gall bladder and duodenum.
- 2/28 F. 79.—Purulent peritonitis. *Umbilical hernia with omentum and obstructed transverse colon*. Auricular fibrillation. Hypertrophied and dilated heart with oedema and ascites with some chronic sclerosis of valves. Some broncho-pneumonia. Bedsore. (Tuberculosis negative.)
- 79/27 F. 56.—*Hernia of the small intestine through the transverse mesocolon and the gastro-hepatic omentum*. Lower portion of stomach much elongated. Adhesions between colon and sigmoid. Some emphysema.
- 172/27 F. 30.—*Intestinal obstruction from herniation of small intestine through an opening adjacent to the left tube and ovary*. Commencing gangrene of intestine and peritonitis.
- 113/26 M. 57.—Greatly dilated and hypertrophied heart with cardiac failure and chronic venous congestion of liver, spleen, and kidneys. Slight renal fibrosis present insufficient to account for hypertrophy. Brown induration of lungs and hypostatic pneumonia. Atheroma of abdominal aorta and vessels of base of brain. Small areas of old degeneration in right frontal lobe and left cerebellar hemisphere. *Small intestines in a peritoneal sac*. (Tuberculosis negative.)
- 181/27 F. 63.—Chronic cystitis with hypertrophy. Bilateral pyonephrosis. Renal insufficiency. Organised pneumonia with bronchiectatic abscess cavities (left lung). Compensatory emphysema of right. Old perforation of palate. Stenosis of glottis. Uterine polyp. *Post-operative hernia of abdominal wall*.
- 124/28 F. 56.—*Operations for ventral hernia and recent cholecystostomy wound for gallstones*. Fat necrosis round pancreas extending to near both kidneys. Pancreas itself not much affected. Some superficial collapse in both lungs. Red granular contracted kidneys. Some hypertrophy of left ventricle. Large thyroid. (Tuberculosis negative.)
- 207/25 M. 76.—*Intestinal obstruction from adhesions*. Early broncho-pneumonia. Meckel's diverticulum. Atheroma of coronaries.
- 161/28 F. 54.—*Intestinal obstruction from a band with gangrenous intestine*. Calcified mesenteric glands. Gallstones. (Tuberculosis positive, healed.)
- 43/29 F. 43.—Chronic appendiceal abscess sealing pelvic inlet, *secondary adhesions of small intestine*. *Twisting or nipping of lower coils with atony, intestinal obstruction and perforation*. Slight superficial collapse in lungs. (Tuberculosis negative.)
- 5/26 F. 41.—*Acute dilatation of stomach and paralytic ileus from trauma at operation for fibroids (subtotal hysterectomy)*.
- 171/27 F. 52.—*Paralytic ileus following panhysterectomy for carcinoma of the uterus*. Fibro-fatty liver. Acute ulcers in lesser curvature.

- 190/27 M. 76.—Carcinoma of bladder. *Secondary deposits encircling rectum. Intestinal obstruction.* Also small separate villous papilloma of bladder. Bilateral hydronephrosis. Atheroma of coronaries. (Tuberculosis negative.)
- 129/27 F. 33.—*Gangrenous 5ft. of small intestine probably from volvulus which had righted itself.* Intestinal adhesions. Pelvic abscess secondary to operation for extra-uterine pregnancy.
- 134/29 M. 37.—*Intestinal obstruction due to partial volvulus. Escape of faeces. Peritonitis. Broncho-pneumonia.* (Tuberculosis negative.)
- 13/26 M. 32.—Fracture of ribs. Partial rupture of spleen. Secondary haemorrhage from spleen. *Acute intestinal obstruction of ileo-caecal angle from nipping of vessels over an adherent Meckel's diverticulum and gangrene.* Liver-like mass on diverticulum. Small abscess in liver.
- 237/25 F. 41.—*Mesenteric thrombosis. Paralytic ileus.* Extension of clot to portal and splenic veins. Total infarction of spleen. Old "white legs." Death from failure of liver detoxication.
- 2/26 M. 43.—*Acute intussusception.* Fatty liver.
- 92/25 F. 55.—Cholelithiasis. Cholecysto-duodenal fistula with *passage of gallstone into small intestine. Impaction and ulceration of wall of intestine.* Leakage between gall-bladder and duodenum. General peritonitis. *Paralytic ileus.*
- 89/26 F. 66.—*Intestinal obstruction and ulceration from large fractured gallstones.* Sinus between gall-bladder and duodenum. Large firm spleen (34ozs.).

INTESTINE. PERITONEUM. CONGENITAL ANOMALIES. VARIOUS.

- 129/25 M. 60.—Dilatation of heart, soft muscle, chronic venous congestion, etc. *Diverticula of jejunum.*
- 176/27 M. 65.—Fibrosis and anthracosis of lungs. Hydrothorax. *Jejunal diverticula (numerous).* Calcified cysts of liver. Enlarged prostate. Fibrosis of gall-bladder.
- 13/28 M. 68.—Some chronic interstitial nephritis. Some myocardial fibrosis. Peritoneal adhesions. *Herniations of wall of small intestines.* Empyema of gall-bladder. (Tuberculosis positive, healing.)
- 99/25 M. 54.—Posterior basal meningitis. Dilatation of right heart, some of left. *Meckel's diverticulum.*
- 215/25 M. 67.—Cerebral haemorrhage into pia-arachnoid probably from small aneurism. Unruptured aneurism of Circle. Red granular kidneys. Hypertrophied heart. *Meckel's diverticulum.* Gallstones. Unsuspected carcinoma of prostate.
- 228/25 M. 69.—Hypertrophy and dilatation of heart from mitral fibrosis. Partially adherent pericardium. Extensive atheroma of coronaries and circle of Willis. *Meckel's diverticulum.* Left hydronephrosis. Angina pectoris.
- 206/25 M. 49.—Red granular contracted kidneys. Hypertrophy and dilatation of heart. Chronic venous congestion, etc. Chronic gastric ulcer. *Meckel's diverticulum.*
- 207/25 M. 70.—Intestinal obstruction from adhesions. Early broncho-pneumonia. *Meckel's diverticulum.* Atheroma of coronaries.

- 188/25 M. 49.—Chronic interstitial nephritis with retention cysts. Hypertrophied heart with heart failure. Uraemia. *Meckel's diverticulum*.
- 6/26 M. 27.—Malignant endocarditis (aortic). Infarcts of lungs. Old infarct of spleen. *Meckel's diverticulum*.
- 20/26 M. 46.—Lethargic encephalitis. Bedsore and gangrene of heels. *Meckel's diverticulum*.
- 13/26 M. 32.—Fracture of ribs. Partial rupture of spleen. Secondary haemorrhage from spleen. Acute intestinal obstruction of ileo-caecal angle from nipping of vessels over an adherent *Meckel's diverticulum* with gangrene. *Liver-like mass at tip of diverticulum*. Small abscess in liver.
- 81/26 M. 20.—Strychnine poisoning. *Meckel's diverticulum*.
- 149/26 F. 15.—Acute rheumatic endocarditis of mitral and aortic valves. Synechia pericardii, adhesions to mediastinum. Hypertrophied and dilated heart. Pulmonary oedema. Chronic venous congestion. *Meckel's diverticulum*.
- 46/27 F. 19.—Perforation of uterus. Retained placenta. Jaundice. Fibrino-haemorrhagic peritonitis. Haemorrhagic extravasation into ovaries. *Meckel's diverticulum*.
- 71/27 M. 39.—Syphilitic aortitis and saccular aneurysm of ascending aorta. Compression of right lung. Pleuritic effusion. Purulent pericarditis with two pints of turbid fluid. *Meckel's diverticulum*. Dilated stomach.
- 209/27 F. 23.—*Staphylococcus aureus* pyaemia (origin ?, perhaps osteomyelitis). Pyaemic infarct in lung. Cloudy swelling. Some slightly opalescent fluid in knee joint. *Some terminal peritonitis*. *Meckel's diverticulum*. (Tuberculosis positive, healed.) (Wassermann negative.)
- 47/28 M. 66.—Heart dilated, myocardium soft, considerable subserous fat. Fatty liver. Rather wet brain (alcoholic history). Dilated and congested stomach. *Meckel's diverticulum*. Sigmoid diverticulosis. (Tuberculosis negative.)
- 64/28 F. 21.—Pulmonary tuberculosis, artificial pneumothorax, fibrosis, caseation, small cavity and racemose tubercles. Death due to secondary spontaneous pneumothorax. Old blood extravasations in pelvis, ? menstrual. Dimpled remains of ductus arteriosus. *Meckel's diverticulum*. (Tuberculosis positive.)
- 228/28 M. 51.—Two pea-rifle wounds. Fractured skull. Lacerated brain. Cerebral haemorrhage. Fatty liver. *Meckel's diverticulum*.
- 104/29 F. 60.—Purulent basal pleurisy on each side with general purulent peritonitis. Bases of lungs red, somewhat friable, perhaps resolving pneumonia at right base. Cloudy swelling. *Meckel's diverticulum*. P.m. digestion of stomach. (Tuberculosis negative.)
- 140/25 M. 19.—Chronic interstitial glomerulo-nephritis. Hypertrophy of left ventricle. Pulmonary oedema. *Pancreatic tissue in jejunal wall*.
- 245/25 M. 32.—Degenerated infected hydatid cyst of liver. Dilated bile channels and cholangitis. Raw red serosa of small intestine. *Plaque of pancreatic tissue in jejunum*.
- 54/26 F. 28.—*Floating caecum and ascending colon*. Intensely congested liver and kidneys. Large spleen. Pregnant (about 2½ months). Cystic corpus luteum.—Symptoms suggesting toxæmia of pregnancy.

- 98/26 F. 60.—Pulmonary tuberculosis with cavitation. *Appendix of foetal type.*
- 85/27 M. 78.—Pneumococcal meningitis with otitis media. Old infarct with thrombus and calcification at apex of left ventricle. Atheroma of abdominal aorta and coronaries. *Distended lacteals in intestinal mucosa.* Small omental umbilical hernia. Emphysema of lungs. Adhesions between site of gall bladder and duodenum.
- 27/28 F. 81.—Red granular contracted kidneys. Hypertrophy and dilatation of heart. A.m. clot in right auricular appendix. Infarcts in right lung. Emphysema. Hypostatic pneumonia. Much atheroma of abdominal aorta and vessels at base of brain. Some chronic venous congestion. *Small chylous polyp in small intestine.* (Tuberculosis negative.)
- 116/26 M. 78.—Moderate silicosis with cavity. *Tuberculous ulcers of intestine.* Congenital polycystic kidneys (small). Fibrotic testis. Purulent cystitis. *Cystic condition of ileum.* (Uraemia and toxæmia.)
- 77/28 F. 25.—Very extensive pulmonary tuberculosis with large cavities, caseation and massed tubercles. Folded embolus in left pulmonary artery. A.m. clots in right pampiniform plexus, uterus veins (especially left) and (loose) in left common iliac. *Group of small vesicles attached to mesentery.* (Tuberculosis positive.)
- 56/28 F. 54.—Fibromyomata of uterus, one separated off into broad ligament, another large one had projected into bladder and had become infected and necrosed. Hypertrophy of bladder and purulent cystitis, necrosis of its fundus and secondary peritonitis. Small abscess in one kidney. *Subserous lipoma of small intestine.* (Tuberculosis negative.)
- 200/28 M. 69.—Hypertrophied and dilated heart (22½ozs.), nutmeg liver, some chronic interstitial nephritis. Broncho-pneumonia. Atheroma of abdominal aorta. Subacute ulcer of lesser curvature of stomach. *Submucous lipoma ? of small intestine.* Small papillary adenoma in kidney. (Tuberculosis negative.) (Wassermann negative.)
- 122/26 M. 60.—Pneumothorax, haemothorax (36ozs.) from necrosed lung, partly compressed, from unresolved pneumonia. *Miliary nodules in mucosa of ileum.*
- 43/27 M. 69.—Pulmonary tuberculosis—subquiescent, fibrosing. *Solitary follicles prominent in ileum.* Stricture of penile urethra.
- 147/29 F. 56.—Necrosis and abscess in upper part of sternum. Infection of left middle ear. Abscess in right occipital lobe with some meningitis. Healed gastric ulcers. *Small nodules like tubercles in lower ileum.* Foul cystitis. (Tuberculosis positive, healed.)
- 118/26 F. 69.—Partial collapse of bases of both lungs. Slight hypostatic pneumonia. Old goitre with possible malignant change. *Polypsis of ileum.* Candle-guttering of ribs. Uterine polyps. Large septic spleen. (Streptococci or pneumococci grown.)
- 194/27 F. 64.—Fatty degeneration of kidneys, parenchymatous nephritis. Synechia pericardii. Flabby heart. Oedema of legs and ascites. *Polyp of ileum.* (Tuberculosis positive, healed.)

- 207/27 F. 47.—Patient had achlorhydria and diarrhoea, gall-bladder and one ovary removed and gastro-enterostomy. Great emaciation. Dilatation of stomach. Fibrinous pleurisy. *Agonal intussusceptions*. *Death from asthenia and diarrhoea*. (Tuberculosis positive, healed.)
- 214/27 M. 13 months.—Convalescent from whooping cough. Some small patches of collapse in lungs. *Agonal intussusceptions*. P.m. digestion of stomach. Congestion of brain (convulsions).
- 41/28 F. 2.—(Half-caste.) Broncho-pneumonia after whooping cough. *Agonal intussusceptions*. (Tuberculosis negative.)
- 31/29 F. 60.—Pneumonic consolidation at left base with early organisation. Emphysema. Synechia pericardii. Facetted gallstones. *Agonal intussusception*. Small area of cerebral softening. (Tuberculosis negative.)
- 89/27 M. 14.—Diabetic coma. Acidosis. Small pancreas. *Acute gastroenteritis*.
- 111/27 M. 58.—*Acute enteritis*. Syphilitic aortitis, atheroma. Atheroma of vessels at base of brain. Fibrosis of testicles. Atrophy of optic nerves. Small adenomata of prostate with hypertrophy of bladder and dilatation of ureters.
- 210/27 M. 42.—*Acute entero-colitis* (*B. Aertrycke group*). Chronic gastric ulcer. Small warty plaques in oesophagus. Small cyst ? near diaphragm. Atrophic testis. (Tuberculosis negative.)
- 229/29 M. 75.—*Exhaustion from diarrhoea*. *Prominence of solitary follicles of ileum*. Some emphysema and congestion of lungs. (Tuberculosis negative.)
- 101/29 M. 61.—Fibrosis in left lung probably from organised pneumonia with cavities in the upper lobe attributed to bronchiectasis and breaking down of abscesses. Emphysema of other lung without other lesions. Some small varicose veins in the oesophagus. Much blood in stomach and intestines. *A round acute perforation at the beginning of the jejunum*. Aortic stenosis from calcification and adhesions of cusps. Suprarenal tissue plastered on one kidney. (Tuberculosis negative.)
- 145/29 M. 78.—Granular contracted kidneys. Some hypertrophy of heart (16½ozs.). Uraemia. *Some deep red areas and slight ulceration in caecum and red elevations in ileum*. (Tuberculosis positive, healed.)
- 27/27 M. 36.—*Multiple superficial scarring and ulceration of small intestine*. Scarring of duodenum, probably of similar origin. Some hypertrophy of the pylorus. Sound gastro-jejunostomy wound. Small abscess-cavity in lung, probably from inhalation pneumonia. *Shock following removal of part of jejunum*.
- 99/27 M. 42.—Numerous scabs and small abscesses (*S. aureus*) in skin and subcutaneous tissues. Deeper abscesses in neck. *Ulcers of jejunum*. Hypostatic pneumonia. Ascaris.
- 131/28 F. 58.—Tuberculous caries of a lumbar vertebra with abscess, later infected from colon, between spleen and left kidney. Tuberculous left kidney, with secondary infection. Adhesion between rectum and uterus, with an abscess cavity and hypertrophy of rectal wall above. Mucopyometra. *Small ulcers of ileum*. Old tuberculous foci in lungs. Irregular fine cirrhosis of liver. (Tuberculosis positive.)

- 152/28 M. 36.—Small pale granular kidneys with peri-nephritic abscess on left side. Hypertrophied left ventricle. Atheroma and syphilitic aortitis. Some broncho-pneumonia. Several superficial ulcers of stomach. *Healed ulcers in ileum.* Calcified mesenteric glands. (Tuberculosis positive, healed.)
- 202/28 F. 41.—*Perforation of small bowel and pelvic peritonitis following resection of ovarian cysts.* (Tuberculosis positive, healed.)
- 109/28 M. 63.—Myeloid leukaemia. Very large firm spleen, with large soft infarct. Haemosiderin liver. Malignant aortic endocarditis (streptococcal), with infarcts in kidney and apex of left ventricle. Renal calculi with slight hydronephrosis and gravel. *Intestinal adhesions leading to constriction of bowel.* Some broncho-pneumonia. Bedsore. (Tuberculosis negative.)
- 176/25 M. 63.—Cerebral softening from thrombosis. Renal calculi with hydronephrosis. Chronic interstitial nephritis. Some hypertrophy of left ventricle. Gallstones. *Adhesions in coils of ileum (! due to old typhoid).*
- 66/26 M. 68.—Early red granular contracted kidneys. Hypertrophy and dilatation of heart. *Adherent coils of ileum.*
- 192/28 M. 72.—Hypertrophied and dilated heart (weight, 18½ozs.) Brown induration of lungs, with infarcts and left-sided lobar pneumonia, nutmeg liver, chronic venous congestion of spleen. Slight fibrosis of kidneys. Hypertrophy, probably due to high blood pressure. Atheroma of descending aorta and cerebral vessels. Enlarged middle lobe of prostate. *Coils of small intestine bound together by adhesions.* (Tuberculosis negative.)
- 126/29 M. 68.—Reduced inguinal hernia with congested intestines and some purulent peritonitis. *Old adherent coils of small intestine.* Large foul necrotic abscess in mesentery. Hydrocele. Small polyp in stomach. (Tuberculosis negative.)
- 121/29 M. 45.—Successful incision of carcinoma of sigmoid. Colostomy wound foul. *Intensely engorged small intestine apparently from mesenteric thrombosis.* Emphysema. (Tuberculosis negative.)
- 11/27 F. 65.—Carcinoma of sigmoid colon. *Pelvic abscess.* Bed-sore. Recent fibrinous adhesive pericarditis. Left hydronephrosis. Atheroma of aorta. Bile sand.
- 159/28 M. 76.—Carcinoma of the sigmoid, with intestinal adhesions and *secondary abscess extending into the ilio-psoas and passing upwards to level of kidney and down below Poupart's ligament.* Several small polypi and diverticula of colon. Foul cystitis, with a soft concretion Fibro-sarcoma (probably) of muscular wall of stomach. Gallstones. Moderate atheroma. Calcified pleural plaque. Large spleen (9½ozs.). (Tuberculosis negative.)
- 98/27 M. 59.—*Retroperitoneal abscess below the pancreas probably secondary to infective cholecystitis* and gallstones. Extension to the body of the pancreas with extensive haemorrhage and fat necrosis. Gall-bladder fistulae, gallstones, dilatation of common duct. Some pneumonia.
- 180/28 M. 18.—*Peritoneal and pelvic abscesses, intestinal adhesions and faecal fistula secondary to appendicectomy at sea.*

- Cloudy swelling. Broncho-pneumonia. (Tuberculosis negative.)
- 199/25 M. 71.—Lobar pneumonia. *Pseudomyxoma peritonei* from burst dilated mucoid appendix with calcified wall or colloid carcinoma.
- 137/25 M. 66.—Carcinomatous ulcer of stomach. Haemorrhage. Distension of bowel to middle of transverse colon with blood, then collapsed.
- 111/26 M. 47.—Lobar pneumonia, atypical, perhaps early organisation, red. Large fibro-fatty liver with simple cyst. Fatty infiltration and hypertrophy of heart. Distended stomach and intestines to splenic flexure, then contracted, ? reflex. Phleboliths in pelvic veins.
- 135/25 M. 39.—Irregular red cirrhosis of liver, with jaundice, following bile channels. Cholecystenterostomy. Purulent infiltration and peritonitis. Two duodenal ulcers. Infarcts ? of spleen.
- 35/26 F. 35.—Extensive burns one month old. Fatty liver. Toxaemia. Black specks in Douglas's pouch, possibly from menstrual blood.
- 113/26 F. 71.—Glaucoma. Haemorrhage into peritoneal cavity (site of origin not detected).
- 82/27 F. 14.—Rheumatic adherent pericardium. Slight thickening of mitral valve. Somewhat hypertrophied and much dilated heart. Marked chronic venous congestion of the liver and spleen. Numerous petechial streaks in mesentery and mesocolon. Fibrosing caseating tuberculous mesenteric gland.
- 6/27 M. 68.—Atheroma of aorta and marked of coronaries. Aneurisms of abdominal aorta and both common iliaes. Syphilitic aortitis. Fatty liver. Gallstones. Retroperitoneal haemorrhage.
- 149/29 M. 66.—Extensive retro-peritoneal haemorrhage and some into mucous membrane of bladder. Polyposis of large bowel with constriction of sigmoid. Oedema and congestion of lungs. Dilated auricles. Some scarring of aorta (? syphilitic). Gallstones.
- 161/27 M. 70.—Dilated and hypertrophied heart. Advanced atheroma. Small mesenteric cyst. Diabetic coma. (Tuberculosis positive, arrested).
- 37/28 M. 81.—Carcinoma of prostate. Acute emphysematous (*B. Welchii*) cystitis. Toxic kidneys. Atheroma of vessels of brain. Retro-peritoneal cyst.
- 210/27 M. 42.—Acute entero-colitis (*B. Aertrycke* group). Chronic gastric ulcer. Small warty plaques in oesophagus. Small cyst ? near diaphragm. Atrophic testis. (Tuberculosis negative.)

COLON.

- 96/26 M. 62.—Chronic interstitial nephritis. Cardiac hypertrophy. Cerebral haemorrhage. Atheroma. Diverticulosis of colon. Atheroma of vessels at base of brain.
- 112/26 M. 81.—Broncho-pneumonia. Cloudy swelling. Soft spleen. Diverticulosis of sigmoid. Atheroma of coronaries and aorta.
- 1/27 M. 61.—Retroperitoneal haemorrhage from leaking saccular aneurism of abdominal aorta. Saccular aneurism of thoracic aorta. Syphilitic aortitis and atheroma.

- Atrophy of left kidney from obstruction of artery. Some fibrosis of other kidney. *Sigmoid diverticulosis*.
- 20/27 F. 73.—Erysipelas. *Diverticulosis*. Toxaemia and ? septicaemia.
- 60/27 F. 70.—*Diverticulitis of descending colon*. *Ulceration*. *Faecal abscess in iliac fossa, finally gas gangrene with discoloration of side*. Thrombosis of veins of right leg. Atheroma of vessels at base of brain. Gallstones with contracted thin gall-bladder.
- 105/27 F. 65.—Somewhat hypertrophied and dilated heart not explainable by vascular or renal lesions. Atheroma of coronaries and abdominal aorta, soft heart wall. Induration, oedema and congestion of the lungs. Intense chronic venous congestion of the liver and spleen with general oedema and ascites. Large fractured gallstone and mass of inspissated bile-pigment. Old haemorrhagic erosions of the stomach. *Slight diverticulosis*. Prolapsus uteri.
- 70/27 M. 76.—Femoral thrombosis from atheroma. Commencing gangrene of leg. Atheroma of coronaries. Pulmonary arterial thrombosis. Emphysema. Gallstone in contracted gall bladder. *Diverticulosis*.
- 204/27 M. 58.—Pia-arachnoid haemorrhage from rupture of aneurysm on middle cerebral. Old cerebral softening. Subacute appendicitis. *Diverticulum of sigmoid*. (Tuberculosis negative.)
- 15/28 M. 72.—Carcinoma of the pelvic colon. Ileus. *Diverticulosis*. Atrophic emphysema. Calcified bodies in areolar tissue near base of bladder. (Tuberculosis negative.)
- 47/28 M. 66.—Heart dilated, myocardium soft, considerable subserous fat. Fatty liver. Rather wet brain (alcoholic history). Dilated and congested stomach. Meckel's diverticulum. *Sigmoid diverticulosis*. (Tuberculosis negative.)
- 129/28 M. 68.—Syphilitic aortitis with some atheroma and fibrosis and calcification without much retraction of aortic cusps. Partial occlusion of coronary orifices. Much hypertrophy and dilatation of the heart. Moderate chronic venous congestion of the liver. Pleuritic effusion. Atheroma of abdominal aorta. Large senile prostate. Large thyroid. *Diverticulosis*. Small cyst of appendix with fibrosed nodule. (Tuberculosis negative.)
- 189/26 M. 81.—Obstructive jaundice from gallstones and biliary sand in common duct, &c. Emphysema of lung. *Slight polyposis of colon*.
- 147/26 M. 84.—Dilated somewhat hypertrophied heart. Atheroma of coronaries, superior mesenteric, &c. Kidneys nearly normal. Broncho and hypostatic pneumonia. *Small polyps of colon and stomach*.
- 46/26 M. 74.—Enlarged prostate. Hypertrophied bladder. Abscess between bladder and pubes connecting with bladder and filled with purulent urine. Leakage to peritoneum and general peritonitis. Pyelitis with early pyelonephritis. Large abscess cavity between right kidney and diaphragm with blood clot. *Pedunculated polyp of colon*. Atheroma of abdominal aorta.
- 45/27 M. 87.—Partly negro. Enlarged prostate. Haemorrhage in bladder after decompression, cystitis. Gallstones and probably

- biliary obstruction. Slight hypostatic pneumonia. Calcified plaque in spleen. *Two polypi of colon*. Slight *diverticulitis*.
- 166/27 M. 52.—Haemorrhage from leaking thoracic aorta. Double haemothorax. Retropleural and retroperitoneal haemorrhage. Atheroma. Chronic interstitial nephritis. Cardio-vascular hypertrophy. *Polypi of sigmoid*. Some collapse of lungs. Adenomata of liver. Calcareous gland near caecum. (Tuberculosis positive, healed.)
- 192/27 M. 62.—Glioma ? of right hemisphere. Bedsores. Cystitis. Atheroma of the aorta, coronaries, and Circle of Willis. *Polyp in caecum*. (Tuberculosis negative). (Wassermann negative).
- 159/28 M. 76.—Carcinoma of the sigmoid with intestinal adhesions and secondary abscess extending into the ileo-psoas and passing upwards to level of kidney and down below Poupart's ligament. *Several small polypi and diverticula of colon*. Foul cystitis with soft concretion. Fibro-sarcoma of muscular wall of stomach. Gallstones. Moderate atheroma. Calcified pleural plaque. Large spleen (9½ozs.).* (Tuberculosis negative).
- 218/28 F. 37.—General peritonitis (no cause found). *Small polyp of ascending colon*.
- 67/29 F. 34.—Hyperpiesis, probably essential, B.P. 280/170. Greatly hypertrophied left ventricle, heart weighing 22½ozs. Kidneys practically normal. Cerebral haemorrhage. Soft nodule with depressed summit near pylorus. *Small polyp in colon*. Two rounded gallstones (radiating structure). (Tuberculosis negative).
- 83/29 M. 71.—Somewhat hypertrophied and much dilated heart, weight 16½ozs., with calcified coronaries and thinning of wall of left ventricle. Small a.m. clots in right auricular appendix and left ventricular wall. Infaret in lung. Some chronic bronchitis and emphysema. Chronic venous congestion of liver and spleen. Oedema and hydrothorax. *Small polyp in colon*. Duodenal pigmentation from old ulcer. Actinomyces ? of epididymis. (Tuberculosis negative). (Wassermann negative).
- 149/29 M. 66.—Extensive retro-peritoneal haemorrhage and some into mucous membrane of bladder. *Polypsis of large bowel with constriction of sigmoid*. Oedema and congestion of lungs. Dilated auricles. Some scarring of aorta (? syphilitic). Gallstones.
- 37/29 M. 45.—Syphilitic aortitis and disease of aortic cusps. Aortic regurgitation. Cardiac hypertrophy. *Multiple polypi in sigmoid with new-growth, perforation and general peritonitis*. (Wassermann positive.)
- 4/27 F. 64.—Oedema and congestion of lungs. Brown atrophy of heart. Parenchymatous degeneration of liver and adrenals. Fibro-myoma of uterus. *Two submucous lipomata of colon*. Toxaemia from broncho-pneumonia.
- 50/27 F. 39.—Dilated somewhat hypertrophied heart (11½ozs.) with no valvular or renal disease, attributed to exophthalmic goitre. Coronary supply small. Chronic venous congestion of liver, spleen, kidneys. Infarets in lungs. A.m. clot in right auricular appendix. *Follicles of large intestine swollen with congested rings around*.

- 232/25 M. 61.—Ununited fracture of femur, eight weeks old. *Melaena* (cause not found) and *distension of colon*. Some interstitial nephritis. Gallstones. Cause of death ?. Slight syphilitic aortitis. Scar of duodenal ulcer.
- 17/27 M. 36.—*Dysenteric ulceration. Commencing perforation with early peritonitis. Cloudy swelling of kidneys. B. dysenteriae or amoebae not found.*
- 205/27 M. 17 months.—*Flexner dysentery with erosions in the colon. Some collapse, interstitial emphysema and broncho-pneumonia following whooping cough. Hypoplasia of enamel. (Tuberculosis negative).*
- 86/28 M. 24.—*Dysenteric ulceration of colon and lower ileum with perforation and abscess formation and general peritonitis. Purpuric rash on abdomen. (Tuberculosis negative.)*
- 207/28 M. 70.—*Extensive amoebic dysentery. Large chocolate-colored abscess of liver. Atheroma of aorta. (Tuberculosis ? healed).*
- 156/28 F. 43.—Hypertrophied heart (23½ozs.) with high blood pressure. Subacute nephritis. Oedema of legs, heart failure. Recently pregnant uterus. *Old ulcers and scars in colon and ileum probably healed dysenteric ulceration. (Tuberculosis positive, healed.)*
- 118/28 M. 65.—Cerebral softening with much atheroma of vessels at base of brain. Some emphysema. Hypertrophied and dilated right heart. *Healed dysenteric ulcers or diverticula in colon. Gallstones (facetted). Hyperplasia of prostate. (Tuberculosis negative).*
- 3/29 F. 37.—Broncho-pneumonia of both lungs (probably influenzal). *Some subacute ulcerative colitis, perhaps due to bacillary dysentery. Bedsore. (Tuberculosis negative.)*
- 151/29 M. 43.—Red granular kidneys. Hypertrophied and dilated heart (weight 21ozs.). Heart failure. Terminal pericarditis. Double hydrothorax. Oedematous lungs. Haemorrhage into stomach. *Inflammation of sigmoid with ulcer.*
- 36/28 M. 95.—*Ulcerative colitis with diverticulitis. Some chronic interstitial nephritis. Organised vegetation on wall of right auricle. Bronchitis. (Tuberculosis negative).*
- 7/28 M. 66.—Chronic interstitial nephritis. *Ulcerative entero-colitis. Broncho-pneumonia. (Tuberculosis negative.)*
- 5/28 M. 55.—Emphysema. Gouty deposits. Sclerosis of mitral valve with acute vegetations on aortic cusp. *Chronic ulcerative colitis. Chronic nephritis. (Tuberculosis negative).*
- 90/29 M. 74.—*Chronic ulceration, fibrosis and perforation of colon, abscess formation. Gouty deposits. Red granular kidneys. Advanced atheroma of aorta. Complete pleuritic and pericardial adhesions.*
- 145/29 M. 78.—Granular contracted kidneys. Some hypertrophy of heart (16½ozs.). Uraemia. *Some deep red areas and slight ulceration in caecum and red elevations in ileum. (Tuberculosis positive, healed).*
- 160/25 M. 24.—Old mastoid sinus. Old anal fistula. Pulmonary tuberculosis. Tuberculous abdominal glands. *Tuberculous ulceration of intestine with ? dysentery.*
- 98/28 M. 29.—Pulmonary tuberculosis with cavitation and fibrosis, in most part arrested. Large amyloid kidneys. Diffuse amyloid spleen. *Superficial ulceration of ileum and colon. Meckel's diverticulum. (Tuberculosis positive).*

- 231/28 F. 28.—Pulmonary tuberculosis with cavities and racemose tubercles. *Amyloid dysenteric-looking ulceration of colon, ileum congested.* Amyloid disease of liver, spleen, kidneys. (Tuberculosis positive).
- 148/27 M. 52.—Red granular contracting kidneys, not much reduced in size. Hypertrophied heart (25½ozs.). Simple fibrinous pericarditis. Great oedema of the lungs. *Extensive diphtheritic ulceration of large intestine.* Wet brain. Atrophic right testis. Small thyroid cyst. Uraemia. (Tuberculosis negative.)
- 67/28 M. 34.—*Transplantation of ureters into bowel.* Frequency of urination, blood, and pus. Gangrenous cystitis, pyelitis and pyonephrosis. Periureteric abscess. *Gangrenous and diphtheritic mucosa of sigmoid after transplantation.*
- 198/28 M. 60.—*General peritonitis and gas in the peritoneal cavity from perforation of a necrotic area in the caecum, probably a stercoral ulcer.* Some hypertrophy of the sigmoid, probably from relative obstruction. Dense fibrosed inflammatory mass in posterior part of prostate and vesiculae. Greatly hypertrophied and dilated heart probably from essential hyperpiesis. Brown induration of lungs. Chronic venous congestion of spleen and kidneys. Pale tough liver. Atheroma of cerebral vessels. Thyroid cyst. (Tuberculosis negative.)
- 144/29 M. 33.—Patient operated on one year ago for duodenal ulcer, which was excised and successful gastro-enterostomy done. Some petechiae in stomach. *Necrotic patches in colon and rectum probably responsible for bleeding per rectum.* Broncho and hypostatic pneumonia. Inflamed left parotid (incised). Spleen slightly enlarged. Ulcer on venesection mark (elbow). *S. aureus* grown. Tuberculosis negative.)
- 144/27 M. 60.—Carcinoma of rectum. *Dilatation and stercoral ulcers of large intestine with leakage into the peritoneum and early peritonitis.* Early cancerous peritonitis. Secondary deposits in the liver. Probably miliary deposits and secondary pneumonia and pleural infiltration in lungs. Atrophic emphysema. Thrombosis in left external iliac vein. (Tuberculosis negative.)
- 171/26 M. 30.—Hypertrophy and dilatation of heart probably from hyperpiesis (essential). Thrombosis in left subclavian vein and (small) in apex of left ventricle. Infarcts in lungs. Chronic venous congestion of liver, spleen. Tuberculosis of kidneys (early in one). Tuberculosis of vesiculae seminales. Healed tuberculous hip. Inspissated cold abscess from neck. Healed duodenal ulcers. *Chronic ulcer (tuberculous) of ascending colon.* Infective ulcers of penis.
- 109/26 M. 58.—Abscess after pneumonia. Two posterior cusps of pulmonary artery partly united. Small a.m. clot in apex of left ventricle. Small calcified hydatid ? of liver. Thrombosis in inferior vena cava and iliacs. Carcinoma of rectum (colostomy). *Old ulcers of caecum (burrowing).* Large congenital polycystic kidneys.
- 57/29 M. 43.—Red granular contracting kidneys (primary). Hypertrophied heart (21½ozs.). Uraemia. Oedematous lungs. Peculiar rugose pendent hypertrophied folds of mucous membrane of stomach over a limited area.

- Small ulcers of hepatic flexure of colon.* (Tuberculosis negative.) (Wassermann negative.)
- 25/27 M. 77.—Ulcerative tonsillitis and pharyngitis. Jaundice, probably haemolytic. Hydrocele. *Two minute ulcers in colon (infarcted).*
- 218/26 F. 25.—Puerperal infection. Infected tears of vagina and cervix. Greyish-green exudate in uterus. Pyaemic foci in lungs and kidneys. *Patch of pyaemic foci in sigmoid.* Diffuse purulent infiltration of thyroid. *S. aureus* grown.
- 116/27 M. 41.—Fracture of the 5th cervical vertebra. Nipping of spinal cord. Paraplegia. *Scars in sigmoid colon.*
- 96/28 M. 74.—Pernicious anaemia. Moderate amount of haemosiderin in liver, spleen, and kidneys, largish spleen, red bone marrow. Some hypostatic pneumonia. Bedsores. *Healed ulcers in colon.* Small renal calculus. Small bile-pigment calculi. (Tuberculosis positive, healed.)
- 226/28 M. 54.—Gangrenous gingivitis after removal of teeth for pyorrhoea, with exposure of bare bone. *S. aureus* infection. Pharyngitis with exudate. Oedematous lungs. Cloudy swelling of liver and kidneys. Large spleen. *Thickened mucosal plaques in colon.* (Tuberculosis negative.)
- 93/27 M. 77.—Rupture of heart from infarction of wall of left ventricle from coronary atheroma and thrombosis. Gouty deposit over right elbow. Red granular not contracted kidneys. Some hypertrophy of heart. Renal cyst. Stones in gall-bladder and hydrops. Cystic condition of head of pancreas. Emphysema, congestion and oedema of lungs. *Atrophic patches in sigmoid mucosa.*
- 59/27 M. 47.—*Stricture of recto-sigmoid junction. Hypertrophy of bowel above. Perforation from sigmoidoscope. General peritonitis.*
- 17/26 M. 68.—Pulmonary embolism after cystotomy from urethral strictures. Fatty infiltration of heart. Atheroma. *Small abscess outside sigmoid.*
- 201/27 M. 52.—Infarction of ventricular wall from coronary atheroma. Some hypertrophy of left ventricle. Auricular fibrillation. Tuberculosis of right suprarenal. *Twisted appendix epiploica of sigmoid.* Caseous sacs in pericardium and abdominal wall. (Tuberculosis positive, healed ?).

RECTUM, ANUS.

- 136/26 F. 78.—Coronary atheroma. Necrosis and fibrosis of ventricular wall. A.m. clot in left ventricle. Infarcts in lung. Large simple cyst in kidney. Early carcinoma of ascending colon. Adenomatous polyps of uterus. *Telangiectases in rectum.* Fatty infiltration of pancreas. Auricular fibrillation.
- 133/27 M. 49.—Red granular contracted kidneys. Hypertrophied heart commencing to dilate. Oedematous lungs. Miliary subpleura silicosis. *Chronic superficial ulcer of rectum.* Wet brain. Uraemia. (Tuberculosis positive, healed.) (Wassermann negative.)
- 157/28 M. 76.—Enlarged prostate, distended bladder, secondary pyelitis with commencing hydronephrosis. Secondary abscesses in right kidney. Emphysema. Hypertrophy of both sides of the heart. Atheroma of cerebral vessels. *Two*

small ulcers of rectum. Toxaemia and uraemia. (Tuberculosis positive, healed.) (Wassermann negative.)

- 131/28 F. 58.—Tuberculous caries of a lumbar vertebra with abscess, later infected from colon, between spleen and left kidney. Tuberculous left kidney with secondary infection. *Adhesion between rectum and uterus with an abscess cavity and hypertrophy of rectal wall above.* Mucopyometra. Small ulcers of ileum. Old tuberculous foci in lungs. Irregular fine cirrhosis of liver. (Tuberculosis positive.)
- 168/28 M. 65.—Patch of infective broncho-pneumonia with small abscesses. *Membranous proctitis (extensive).* Scirrhus carcinoma of pylorus becoming colloid. (Tuberculosis positive, healed.) (Wassermann negative.)
- 169/27 M. 21.—Imbecile. Brain congested and oedematous. Flattening of cerebral convolutions (cerebral diplegia). Persistent thymus. Some sclerosis of mitral valve. Pyelitis and cystitis. Some collapse of lungs. Lymphoid hyperplasia in intestine. *Scybalous masses in rectum.*
- 84/25. F. 58.—Carcinoma of sigmoid. Gangrene from infiltration of colostomy wound. Degenerated deposit (?) in liver. Dilated stomach. *Grape seeds in rectum.*
- 160/25 M. 24.—Old mastoid sinus. *Old anal fistula.* Pulmonary tuberculosis. Abdominal glands tuberculous. Tuberculous ulceration of intestine with dysentery (?).
- 16/27 M. 32.—*Ischio-rectal abscess.* Ulcer of scrotum. Malignant endocarditis (aortic). Hypertrophy of left ventricle. Brown induration of lungs. Infarcts of spleen and kidney. Acute focal nephritis. Cerebral haemorrhage from right middle cerebral (septic embolus).
- 186/28 M. 50.—Slight unilobular cirrhosis of liver with considerable haemosiderin and ascites. Very little haemosiderin in kidneys and pancreas. Emphysema. Gangrene of toes. *Ischio-rectal abscess.* Some fibrosis of kidneys. (Tuberculosis negative.)

PERITONITIS.

- 87/25 F. 22.—Confined 16 days. Jaundice on second day. Large yellowish-stone colored liver with petechiae. Large spleen. *Purulent peritonitis.* Purulent pleurisy. Uterine cavity little changed. Liver probably toxaemia of pregnancy; sepsis independent.
- 216/25. F. 28.—*General peritonitis with blood and pus (S. pyogenes).* Confined one month ago. Intense congestion of ends of Fallopian tubes. Soft uterus. ? Placental fragments.
- 19/27 F. 20.—Perforation of pregnant uterus, orifice sloughing. *Peritoneal abscess between liver and spleen and peritonitis.*
- 97/27 F. 24.—*Plastic exudative pelvic peritonitis following abortion.* Adherent coils of small intestine. Paralytic ileus. Several small quiescent tuberculous foci in right lung.
- 25/28 F. 32.—*Sapraemic infection of uterus* associated with abortion, necrosis of top of fundus with much thinning, necrosed tissue in cervical canal, haemorrhagic infiltration of right Fallopian tube and left ovary. *Secondary foul purulent peritonitis.* (Tuberculosis negative).

- 238/25 M. 65.—*General peritonitis after appendicectomy—slipping of suture.* Brown atrophy of heart. Atheroma of coronaries and aorta.
- 5/27 F. 43.—*Gangrenous appendicitis. General peritonitis.* Atrophic pancreas (diabetic).
- 66/28 M. 65.—*Peritonitis. Appendiceal abscess.* Some aspiration pneumonia. (Tuberculosis negative).
- 122/28 M. 56.—*Pelvic abscess secondary to appendicitis. General peritonitis and collections of pus between the coils of intestines.* Broncho-pneumonia, congestion, oedema, and some emphysema of the lungs. Cloudy swelling of liver and kidneys. (Tuberculosis negative).
- 92/25 F. 55.—*Cholelithiasis. Cholecysto-duodenal fistula with passage of gallstone into small intestine. Impaction and ulceration of wall. Leakage between gall-bladder and duodenum—general peritonitis. Paralytic ileus.*
- 135/25 M. 39.—*Irregular red cirrhosis of liver with jaundice. Cholecyst-enterostomy. Purulent infiltration and peritonitis.* Two duodenal ulcers. Infarets (?) of spleen. Haemolymph glands in abdomen.
- 113/27 M. 58.—*Large degenerated infected hydatid cyst in the right lobe of the liver with daughter and grand-daughter cysts. Atrophy of the left lobe, compensatory hypertrophy of the right. Passage of daughter cysts into the gall bladder and bile ducts with obstructive jaundice. Dilated bile-ducts. Escape of bile into peritoneal cavity with secondary peritonitis. Secondary nutmeg liver. Emphysema.*
- 117/29 M. 65.—*Suppurating hydatid of right lobe of liver; leakage and general peritonitis.* Some secondary pneumonia. Right inguinal hernia.
- 164/28 M. 40.—*Ruptured gastric ulcer with haemorrhage in the alimentary canal and secondary peritonitis.* Healing wound in knee. A little emphysema. (Tuberculosis negative).
- 170/27 M. 72.—*Perforated duodenal ulcer with second ulcer eroding pancreas. General faeco-purulent peritonitis and pneumoperitoneum.* Fibrinous pleurisy. Small fibroma of renal medulla.
- 148/25 M. 52.—*Carcinoma of stomach or of pancreas on chronic ulcer. Perforation of latter. Peritonitis. Deposits. Paralytic ileus.*
- 89/28 F. 56.—*Fungating carcinoma of stomach with perforation and general peritonitis.* Deposit in omentum. (Tuberculosis negative).
- 219/26 M. 56.—*Carcinoma of rectum. Secondary deposits in glands. General peritonitis following colostomy.*
- 37/29 M. 45.—*Syphilitic aortitis and disease of aortic cusps. Aortic regurgitation. Cardiac hypertrophy. Multiple polypi in sigmoid with new-growth, perforation and general peritonitis.* (Wassermann positive).
- 198/28 M. 60.—*General peritonitis and gas in the peritoneal cavity from perforation of a necrotic area in the caecum, probably a stercoral ulcer.* Some hypertrophy of the sigmoid, probably from relative obstruction. Dense fibrosed inflammatory mass in posterior part of prostate and vesiculae. Greatly hypertrophied and dilated heart probably from essential hyperpiesis. Brown induration

- of lungs. Chronic venous congestion of spleen and kidneys. Pale tough liver. Atheroma of cerebral vessels. Thyroid cyst. (Tuberculosis negative).
- 129/26 M. 80.—Bronchiectasis in right lung (haemorrhage from it during life). Huge mucocele of appendix. *Peritonitis*. Enlarged prostate. Cystitis.
- 59/27 M. 47.—Stricture of recto-sigmoid junction. Hypertrophy of bowel above. *Perforation from sigmoidoscope. General peritonitis.*
- 94/28/M. 33.—*Typhoid fever with perforation, escape of intestinal contents and general peritonitis.* Lower lobe of right lung very congested and oedematous, with heart displaced to the left.
- 119/28 M. 24.—*Typhoid ulceration with perforation and general peritonitis,* enlarged mesenteric glands, large spleen and cloudy swelling of liver and kidneys. (Tuberculosis negative).
- 218/25 M. 29.—Pulmonary tuberculosis. Tuberculous ulcers of intestine with *rupture and general peritonitis* with tuberculous peritonitis.
- 121/28 M. 41.—Extensive pulmonary tuberculosis. *Tuberculous ulcers of intestine, one of which had ruptured with general peritonitis.* (Tuberculosis positive).
- 17/27 M. 36.—Dysenteric ulceration. *Commencing perforation with early peritonitis.* Cloudy swelling of kidneys. *B. dysenteriae* or amoebae not found.
- 86/28 M. 24.—*Dysenteric ulceration of colon and lower ileum with perforation and abscess formation and general peritonitis.* Purpuric rash on abdomen. (Tuberculosis negative).
- 80/26 M. 16.—*General peritonitis* secondary to tuberculous pyonephrosis. Pale kidneys. Tuberculous foci in lung.
- 138/26 F. 59.—Diabetes. Pancreas ? normal. Purulent necrosis of medullas of kidneys with pyonephrosis. Purulent cystitis with *commencing peritonitis.* Purulent clot in abnormal right ovarian vein. Gallstone. Old infarct ? of spleen.
- 46/26 M. 74.—Enlarged prostate, hypertrophied bladder, abscess between bladder and pubes connecting with bladder and filled with purulent urine. *Leakage from this to peritoneum and general peritonitis.* Pyelitis with early pyelonephritis. Large abscess cavity between right kidney and diaphragm with blood clot. Gallstones. Pedunculated polyp of colon. Atheroma of abdominal aorta.
- 2/28 F. 79.—*Purulent peritonitis. Umbilical hernia* with omentum and obstructed transverse colon. Auricular fibrillation. Hypertrophied and dilated heart with oedema and ascites with some chronic sclerosis of valves. Some broncho-pneumonia. Bedsore. (Tuberculosis negative).
- 126/29 M. 68.—*Reduced inguinal hernia with congested intestines and some purulent peritonitis.* Old adherent coils of small intestine. *Large foul necrotic abscess in mesentery.* Hydrocele. Small polyp in stomach. (Tuberculosis negative.)
- 134/29 M. 37.—*Intestinal obstruction due to partial volvulus. Escape of faeces. Peritonitis.* Broncho-pneumonia. (Tuberculosis negative.)
- 104/29 F. 60.—*Purulent basal pleurisy on each side with general purulent peritonitis.* Bases of lungs red, somewhat friable, perhaps resolving pneumonia at right base. Cloudy

- swelling. Meckel's diverticulum. P.m. digestion of stomach. (Tuberculosis negative.)
- 236/28 M. 23.—*Bruising of jejunum from kick of horse with subsequent ulceration, perforation, and commencing peritonitis*. Distension of colon. (Tuberculosis negative.)
- 153/27 M. 45.—(Fell off horse.) *Sticky peritonitis with a little pus. No lesion of alimentary canal.* Small acute ulcer of vocal cord. Old traction diverticulum of oesophagus. Indurated purplish rash on back. Recent pleuritic adhesions.
- 104/27 M. 57.—*Epithelioma of penis. Infected secondary deposits in glands of groin. Pelvic abscess. Cirrhosis of liver. Fatty infiltration of myocardium. Some chronic interstitial nephritis. Slight hypertrophy of left ventricle. Brown induration of lungs. Early peritonitis.*
- 158/27 M. 52.—*Cerebral haemorrhage. Chronic interstitial nephritis. Cardiac hypertrophy and dilatation. Atheroma. Early general fibrinous peritonitis.*
- 218/28 F. 37.—*General peritonitis (no cause found).* Small polyp of ascending colon.

SUBPHRENIC ABSCESS.

- 57/26 M. 71.—*Perinephric abscess. Subphrenic abscess. Right-sided empyema with compression of lung.*
- 75/29 F. 21.—*Chronic empyema with submammary and subphrenic abscesses on the left side.* Abscess (streptococcal) of left lobe of cerebellum. Fibrosis of left lung.
- 153/29 M. 39.—*Right subphrenic abscess.* Empyema on right side, hydrothorax on left. Some collapse of lungs. Enlarged spleen (32½ozs.) with one small infarct. Large follicles in intestines. Thrombosis of left external iliac vein. Cellular bone marrow. Picture first of pernicious anaemia, later 45,000 white cells—'leukanaemia'? (Tuberculosis negative.)
- 106/27 M. 65.—*Enlarged prostate, microscopically probably not malignant. Hypertrophied and infected bladder, dilated ureters and double hydronephrosis with purulent urine. Purulent infiltration of cystotomy wound, of wall of bladder, and of prostate with abscess in the retro-peritoneal tissue, along the left ureter, round the left kidney, and between the spleen and diaphragm. Emphysema, bronchitis. Atheroma of aorta and coronaries, cardiac fibrosis.*
- 102/28 M. 39.—*Appendicitis and appendiceal abscess extending to pelvis and along external aspect of descending colon to form a subphrenic abscess near the spleen (weight 21½ozs.). Multiple abscesses of liver. (Tuberculosis negative.)*

JAUNDICE CASES.

- (See also under *Malignant Disease, Carcinoma of Stomach, Cirrhosis of the Liver, and Gallstones.*)
- 118/25 F. 38.—*Puerperal sapraemia (5 months pregnant). Invasion by anaerobes. Large soft uterus. Jaundice. Necrotic foci in liver, heart, kidney. Gas in veins.*

- 107/27 F. 20.—*B. Welchii* septicaemia following abortion. Necrosis of uterine wall with formation of gas. *Jaundice*. Small amount of decomposing placenta. Cloudy swelling of kidneys. Gas in chambers of heart.
- 193/28 F. 33.—*B. Welchii* infection of uterus after abortion. Necrosis of fundus of uterus. Commencing peritonitis. Gas infection of liver, &c. Free inflammable gas in peritoneum, &c. *Jaundice*. (Tuberculosis negative.)
- 87/25 F. 22.—Confined 16 days before death. *Jaundice* on second day. *Large yellowish-stone colored liver with petechiae*. Large spleen. Purulent peritonitis. Double pneumonia, pleurisy. In uterine cavity little change. (Liver condition probably toxæmia of pregnancy; sepsis independent.)
- 109/25 F. 37.—*Large fatty jaundiced liver*. Seven months pregnancy. Toxæmia of pregnancy.
- 136/28 F. 37.—*S. aureus* infection of the cervix uteri after repair, etc., with abscesses in wall of uterus, blood extravasations with abscesses in broad ligaments, groups of abscesses in submucosa of bladder and rectum. Pyaemic infarcts with abscesses in lungs. *Infarcts in liver with abscesses (portal pyaemia)*. *B. Welchii* also grown from liver which shows necrosed areas. Infective pyelitis. *Jaundice*. (Tuberculosis negative.)
- 25/27 M. 77.—Ulcerative tonsillitis and pharyngitis. *Jaundice*, probably haemolytic. Hydrocele. Two minute ulcers in colon (infarcted).
- 162/25 M. 69.—Diabetic gangrene of foot. Chronic fibrosis of pancreas. Hypostatic pneumonia. Presacral kidney. Ankylosed hip. Hypertrophy of left ventricle (apparently not of renal origin). *Large soft liver—jaundice*.
- 244/25 F. 54.—*Jaundice*. *Scattered white areas of necrosed liver cells surrounded by fibrosis*. Larger cavity, ? abscess.
- 115/27 M. 54.—*Foul-smelling chronic bile-stained abscesses of large size in the left lobe of the liver*. Escape of chocolate pus into peritoneum prevented by recent omental adhesion. Hypertrophy and cloudy swelling of right lobe. *Jaundice*. Hypostatic pneumonia. Hypertrophy and some dilatation of heart.
- 118/27 M. 18.—Operation for gangrenous appendix. Retrocaecal abscess. *Purulent phlebitis of ileo-colic vein, extending to superior mesenteric and portal veins with extensive portal pyaemia in liver*. *Jaundice*. Haemorrhagic pneumonia of left lung. Large spleen. Cloudy swelling of kidneys. Chronic ulcer of duodenum. Caseous mesenteric gland.
- 113/27 M. 58.—*Large degenerated infected hydatid cyst* in the right lobe of the liver with daughter and grand-daughter cysts. Atrophy of the left lobe, compensatory hypertrophy of the right. *Passage of daughter cysts into the gall-bladder and bile ducts with obstructive jaundice*. *Dilated bile-ducts*. Escape of bile into peritoneal cavity with secondary peritonitis. Secondary nutmeg liver. Emphysema.
- 197/28 F. 59.—*Very large degenerating hydatid cyst* of left lobe of the liver with daughter cysts, *escape of daughter cysts into bile ducts, one acting as a ball valve at the ampulla of Vater and causing distention of common bile duct and*

- gall-bladder and jaundice.* Death attributed to toxaemia from infection near the hydatid and pressure. Some fibrosis of the kidneys with slight hypertrophy of the heart. Atheromatous cerebral vessels. Inspissated bile pigment in gall-bladder. (Tuberculosis negative.)
- 80/27 M. 63.—Carcinomatous mass in mesentery, secondary glands along aorta and in mediastinal and bronchial glands, lymphatic extension along the bronchioles of both lungs. *Broncho-pneumonia and oedema of lungs. Obstruction of the common bile duct from new growth. Jaundice.* Ecchondroses of lumbar intervertebral discs. Suprarenals plastered on both kidneys in and under capsules.
- 103/28 M. 73.—*Carcinoma of head of pancreas with obstruction of common duct and deep jaundice.* Large calcified empyema of left side, small one on right side. Small white nodules and a plaque on surface of liver. Atrophic kidneys. Some hypertrophy of left ventricle. Much atheroma of abdominal aorta. (Tuberculosis negative.) (Wassermann negative.)
- 48/29 M. 46.—Subacute malignant endocarditis of mitral and aortic valves, infarcts in spleen, kidneys, right foot and brain, with cerebral softening on right side. *Carcinoma of gall bladder, with extensive secondary deposits in liver.* Gallstones (cylindrical). *Intense jaundice.* Date-stone-sized phlebolith, with clots in veins round vesiculae seminales. Death from cerebral softening. (Tuberculosis negative.) (Wassermann negative.)
- 62/28 M. 55.—Lobar pneumonia. Double purulent pleurisy with left empyema. Compression of bases of lungs. Cloudy swelling. *Temporary obstructive jaundice.* (Tuberculosis negative.)
- 111/25 M. 64.—*Small fleshy fibrotic liver with jaundice.* Small calcified area of old hydatid. Ascites. Hydrothorax. Atrophy of heart. Hypertrophy of oesophagus.
- 135/25 M. 39.—*Irregular red cirrhosis of liver with jaundice, following course of larger bile channels.* Cholecystenterostomy. Purulent infiltration and peritonitis. Duodenal ulcers. Infarcts (?) in spleen. Haemolymph glands.
- 208/25 F. 47.—*Jaundice. Irregular contracted liver (? syphilitic cirrhosis).* Inspissated empyema, some fibrosis (?) of lungs. Large spleen. Haemorrhage from bowel. (Wassermann positive.)
- 178/25 M. 71.—Hypertrophy and dilatation of heart. Hydrothorax, hydropericardium, etc. *Jaundice.* Cirrhosis of liver. Atrophic right kidney, with some hydronephrosis. Hypertrophy of left kidney, with some interstitial increase.
- 124/25 M. 17.—Hypertrophy and dilatation of heart. *Chronic venous congestion with jaundice.* Large kidneys. Oedema of lungs. Infective tonsils. Cardiac failure.
- 47/27 M. 41.—Greatly hypertrophied and dilated heart (24 ozs.), no obvious cause for hypertrophy. A.m. thrombi in left ventricle. Numerous infarcts in lungs, several breaking down into grumous material with gas. Infarcts (old) in spleen and kidney. *Jaundice probably from chronic venous congestion.* Chronic venous congestion of liver, spleen, and kidneys.

- 35/28 M. 56.—Syphilitic aortitis and atheroma. Cardiac hypertrophy and dilatation. Infarcts in lung. A.m. clot in left auricular appendix. Some chronic interstitial nephritis. *Chronic venous congestion. Some jaundice. Old scar on penis. Osteo-arthritis of spine. (Tuberculosis negative.)*

CIRRHOSIS OF THE LIVER.

- 159/25 F. 52.—Acute pyelonephritis. *Hobnail liver. Small, hard fibrotic pancreas (sent in as diabetes, no glycosuria). Oedema of brain.*
- 52/27 M. 70.—*Cirrhosis of liver (lobulated). Thickening of peritoneum. Ascites. Large firm spleen.*
- 11/28 M. 58.—Lobar pneumonia. *Multilobular cirrhosis with ascites. Bile-pigment calculi. (Tuberculosis positive, healed, one apex.)*
- 63/28 M. 41.—Chronic fibroid phthisis with cavitation. Some ulceration of ileum. Calcified tuberculous suprarenal. *Alcoholic cirrhosis of liver. Thrombosis of left iliac vein. (Tuberculosis positive.)*
- 196/28 F. 60.—Small area of cerebral softening. *Hobnail liver. Omental adhesions, no ascites. Some organising pneumonia. Slight renal fibrosis. Advanced atheroma. Gangrene of toes. (Tuberculosis negative.) (Wassermann doubtful weak positive.)*
- 202/25 M. 62.—Emphysema. Hypertrophy of heart. *Cirrhosis of liver.*
- 107/29 F. 71.—*Cirrhosis of liver, ascites, oedema of legs. Oedema of lungs with patches of red hepatization. Atheroma of coronaries and abdominal aorta. Pneumonococcal purulent mastoiditis on right. Old calcified hydatid in portal fissure. (Tuberculosis positive, healed.)*
- 71/26 F. 56.—*Cirrhosis of liver (early). Slight chronic interstitial nephritis. Fatty degeneration and infiltration of heart. Alcoholic.*
- 28/27 M. 63.—*Cirrhosis of liver, rather fine type of hobnail. No ascites. Collateral circulation. Gallstones. Emphysema. Old infarct of lung. Hypertrophied heart (hyperpiesis). Congestion of kidneys.*
- 134/27 M. 34.—(Partial post-mortem). *Early alcoholic cirrhosis of liver. Some fibrosis of kidneys.*
- 11/26 M. 55.—Purulent bronchiolitis and broncho-pneumonia. *Cirrhosis of liver. Moderate hypertrophy of left ventricle. Atheroma of coronaries and cerebral vessels. Patent foramen ovale.*
- 202/26 F. 47.—*Fibro-fatty liver. Ascites. Renal atrophy from calculus. Left kidney arterio-sclerotic. Chronic inflammatory reaction round left suprarenal. Old excoriated ulceration of stomach. Atheroma of abdominal aorta.*
- 14/27 M. 60.—*Fatty infiltration and fine slight fibrosis of liver. Fatty infiltration of heart. Peritoneal adhesions (gall-bladder removed). Shock following operation.*
- 171/27 F. 52.—Paralytic ileus following panhysterectomy for carcinoma of the uterus. *Fibro-fatty liver. Acute ulcers in lesser curvature.*
- 17/29 F. 37.—*Fibro-fatty liver. Alcoholism. Congestion of organs, (Tuberculosis negative.) (Wassermann negative.)*

- 135/25 M. 39.—*Irregular red cirrhosis of liver with jaundice following course of larger bile-channels. Cholecystenterostomy. Purulent infiltration and peritonitis. Two subacute duodenal ulcers. Infarets (?) in spleen. Haemolymph adominal glands.*
- 111/25 M. 64.—*Small fleshy fibrotic liver with jaundice, ? secondary to calcified fibrosed hydatid. Ascites and double hydrothorax. Atrophy of heart. Hypertrophy of oesophagus.*
- 178/25 M. 71.—*Hypertrophied and dilated heart. Hydrothorax, hydropericardium, etc. Jaundice. Cirrhosis of liver. Atrophic right kidney with some hydronephrosis. Hypertrophy of left kidney with some interstitial increase.*
- 124/26 F. 46.—*Hypertrophic biliary cirrhosis with jaundice and slight ascites. Haemorrhage into stomach from distended vein. Gall-bladder distended with watery fluid and inspissated bile-pigment. Suppuration of parotid (left). Small uterine polyp.*
- 40/28 M. 58.—*Unilobular cirrhosis of liver with jaundice and slight ascites. Liver reduced slightly in size Large spleen. Hypertrophied heart. Small pial blood extravasation. (Tuberculosis negative.)*
- 139/25 F. 53.—*Cirrhosis of liver, rather fine, apparently hypertrophic type, some bile-staining, collateral circulation. Temperature, 95°. Semi-comatose. One kidney more red and granular than other.*
- 141/25 F. 68.—*Fine cirrhosis of liver. Excess of fluid in peritoneal and pleural cavities. Temperature, 95°. Semi-comatose. Left ventricle hypertrophied. Polyps of uterus.*
- 33/26 F. 66.—*Adherent pericardium. Mirtal stenosis (probably rheumatic). Hypertrophied and dilated heart. Chronic venous congestion of spleen. Auricular fibrillation. Fine cirrhosis of liver. Atrophy of right kidney with hydronephrosis.*
- 126/26 M. 65.—*Carcinoma of head of pancreas. Fine cirrhosis of liver Distended gall-bladder and ducts, jaundice. Bronchopneumonia. Atrophic kidney with dilated pelvis. Enlarged prostate.*
- 104/27 M. 57.—*Epithelioma of penis. Infected secondary deposits in glands of groin. Pelvic abscess. Cirrhosis of liver. Fatty infiltration of myocardium. Some chronic interstitial nephritis. Slight hypertrophy of left ventricle. Brown induration of lungs. Early peritonitis.*
- 142/27 F. 51.—*Pulmonary tuberculosis with cavitation, caseation and solidification of upper lobe, with recent lymphatic spread through rest of lungs. Tuberculous bronchitis, tracheitis, and laryngitis. Tuberculous ulcers of intestine. Pale moderately fibrotic liver. Wandering fibro-myomata in both broad ligaments. (Tuberculosis positive.)*
- 150/28 F. 37.—*Fine cirrhosis of liver. Tuberculous peritonitis. Small tuberculous focus in bronchial gland. Oedema of lungs. (Tuberculosis positive.) (Wassermann negative.)*

- 131/28 F. 58.—Tuberculous caries of a lumbar vertebra with abscess, later infected from colon, between spleen and left kidney. Tuberculous left kidney with secondary infection. Adhesion between rectum and uterus, with an abscess cavity and hypertrophy of rectal wall above. Mucopyometra. Small ulcers of ileum. Old tuberculous foci in lungs. *Irregular fine cirrhosis of liver.* (Tuberculosis positive.)
- 198/28 M. 60.—General peritonitis and gas in the peritoneal cavity, from perforation of a necrotic area in the caecum, probably a stercoral ulcer. Some hypertrophy of the sigmoid, probably from relative obstruction. Dense fibrosed inflammatory mass in posterior part of prostate and vesiculae. Greatly hypertrophied and dilated heart, probably from essential hyperpiesis. Brown induration of lungs. Chronic venous congestion of spleen and kidneys. *Pale, tough liver.* Atheroma of cerebral vessels. Thyroid cyst. (Tuberculosis negative.)
- 80/29 M. 46.—*Cirrhosis of liver of fine atrophic type.* Considerable hypertrophy and dilatation of heart without renal or valvular disease, weight 21½ ozs. Obesity. Intestines filled with fluid. Superficial ulcer of pylorus. (Tuberculosis negative.)
- 89/29 M. 69.—Epithelioma (?) of right tonsil with haemorrhage into surrounding tissue, pharynx, etc., with some laryngeal obstruction. Dilated right heart, oedema of lungs. Some chronic interstitial nephritis. Double ureter on left side. *Some cirrhosis of liver.* (Tuberculosis negative.)
- 130/26 M. 60.—Diabetic coma, pancreas a little small. Carbunculosis of kidneys. Small abscess of lung. Abscess near prostate. Emphysema. Atrophy of optic chiasma and nerves (blind 12 years). *S. aureus* grown. *Fine cirrhosis of liver with haemosiderin color.*
- 186/28 M. 50.—*Slight unilobular cirrhosis of liver with considerable haemosiderin and ascites.* Very little haemosiderin in kidneys and pancreas. Emphysema. Gangrene of toes. Ischio-rectal abscess. Some fibrosis of kidneys. (Tuberculosis negative.)
- 110/26 M. 75.—Hypertrophied and dilated heart. Granular contracted kidneys. *Iced-cake thickening of capsules of liver and spleen and fine cirrhosis of liver.* Much ascites. Calcification of mesentery gland. Atheroma of coronaries. Small dark biliary calculus.
- 208/25 F. 47.—Jaundice. *Irregular contracted liver (? syphilitic).* Large spleen. Haemorrhage from bowel. Inspissated empyema. ? Some fibrosis of lung. (Wassermann positive.)
- 223/25 M. 36.—Australian aborigine. Adherent pericardium. Mitral rheumatic fibrosis. Recent patch of mural (auricular) endocarditis. *Syphilitic cirrhosis of liver.* Chronic venous congestion. Infarcts in kidneys.

LIVER—VARIOUS.

- 127/25 M. 69.—Crushed left forearm with fractures. Hypostatic pneumonia. *Small cyst on lower margin of liver.*

- 111/26. M. 47.—Lobar pneumonia. atypical, red, perhaps early organisation. *Large fibro-fatty liver with simple cyst.* Fatty infiltration and hypertrophy of heart. Distended stomach and intestines to splenic flexure, then contracted, ? reflex. Phleboliths in pelvic veins.
- 114/27 F. 43.—*Congenital polycystic kidneys and liver.* No definite cardiac hypertrophy (10½ozs.). Uraemia. Emphysema. Congestion and oedema of lungs.
- 68/28 F. 43.—*Congenital polycystic kidneys. Small cysts in the liver.* Infected cysts in right kidney, purulent cystitis. Oedematous lungs. Double hydrosalpinx. Uraemia and toxæmia. (Tuberculosis negative.)
- 152/29 F. 68.—Cerebral haemorrhage. Renal calculus with atrophy of one kidney. Hypertrophy and some interstitial nephritis in other. Double ureter on one side. Some hypertrophy of left ventricle (heart 12½ozs.). Some collapse of lungs. *Angioma of liver.* (Tuberculosis negative.)
- 166/27 M. 52.—Haemorrhage from leaking thoracic aorta. Double haemothorax. Retropleural and retroperitoneal haemorrhage. Atheroma. Chronic interstitial nephritis. cardio-vascular hypertrophy. Polypi of sigmoid. Some collapse of lungs. *Adenomata of liver.* Calcareous gland near caecum. (Tuberculosis positive, healed.)
- 73/29 M. 45.—Extensive pulmonary tuberculosis with cavitation and racemose spread. Superficial tuberculosis ulcers in colon. Haemorrhagic cystitis and ammoniacal urine (retention, catheters passed). *Minute adenoma of the bile ducts in liver.* (Tuberculosis positive.)
- 13/26 M. 32.—Fracture of ribs. Partial rupture of spleen. Secondary haemorrhage from spleen. Acute intestinal obstruction of ileocaecal angle from nipping of vessels over an adherent Meckel's diverticulum. *Small infarct in liver (traumatic).*
- 237/23 F. 41.—*Mesenteric thrombosis.* Paralytic ileus. Extension of clot to portal and splenic veins. Total infarction of spleen. Old white legs. *Death from failure of liver de-toxication ?*
- 188/28 F. 84.—Cerebral softening from atheromatous occlusion. Advanced atheroma. Broncho-pneumonia and emphysema. *Distended liver.* Some renal fibrosis. Commencing gangrene of foot. Glandular polyp of uterus. (Tuberculosis negative.)
- 240/25 M. 46.—Gastritis. *Fatty liver.* Somewhat wet brain (acute alcoholism).
- 2/26 M. 43.—Acute intussusception. *Fatty liver.*
- 35/26 F. 35.—Extensive burns, one month old. *Fatty liver.* Toxaemia. Black specks in Douglas' Pouch.
- 231/25 M. 57.—Cerebral haemorrhage (occipital). Atheroma of circle of Willis. Gallstones. *Fatty liver.* Calcified casts in medulla of kidneys. Some hypertrophy and dilatation of heart.
- 79/26 M. 38.—Acute alcoholic mania. Wet brain. *Fatty liver.* Very early interstitial changes in kidneys.
- 133/26 F. 55.—Carcinoma of rectum. Extension to pelvic wall. Intestinal obstruction. *Fatty liver.* Gallstones (two kinds). Small fibromata in gastric mucosa. Clots in popliteal vein.

- 14/27 M. 60.—*Fatty infiltration and fine slight fibrosis of liver.* Fatty infiltration of heart. Peritoneal adhesions (gall-bladder removed). Shock following operation.
- 6/27 M. 68.—Atheroma of aorta and marked of coronaries. Aneurism of abdominal aorta and both common iliacs. Syphilitic aortitis. *Fatty liver.* Gallstones. Retroperitoneal haemorrhage.
- 13/27 M. 42.—Delirium tremens. Haematemesis with pin point gastric haemorrhages over small area. *Fatty liver.*
- 35/27 M. 73.—Diffuse fibrosis of lungs (origin obscure) perhaps unresolved pneumonia. Somewhat dilated right heart. *Fatty liver.* General adiposity, especially abdominal, with abdominal distension, tilting heart. Alcoholic. Atheroma of aorta.
- 38/27 F. 26.—? Acute alcoholic poisoning. Congestion and some oedema of brain. Congestion of lungs. *Fatty liver.* Five months pregnant.
- 94/27 M. 34.—Bullet wound on cheek and neck. Delirium tremens. *Fatty liver* and heart.
- 95/27 M. 35.—Pulmonary tuberculosis with cavitation, caseation and racemose tubercles. Brown atrophy of heart. *Fatty liver.* Small adenoma of renal cortex.
- 143/27 M. 54.—Extreme eczematous dermatitis. Extensive fatty degeneration in renal cortex with some subacute glomerulonephritis. *Fatty, perhaps slightly fibrotic, liver.* Oedema and congestion of lungs. Slight excess of c.s. fluid. Some hypertrophy of pylorus. Toxaemia and alcoholism (? delirium tremens). (Tuberculosis negative).
- 157/27 M. 45.—? Fracture of skull. Meningeal haemorrhage. Laceration of brain. Cerebral haemorrhage. *Fatty liver.*
- 162/27 F. 31.—Pulmonary tuberculosis with cavity formation. Tuberculous pyopneumothorax with collapse of lung. Extension of tuberculosis to the pericardium. Tuberculosis of larynx. *Fatty liver.* (Tuberculosis positive).
- 163/27 M. 31.—Swelling and extravasation of blood in tongue, bitten after a fit. Congestion of lungs and brain. *Fatty liver.* Death from asphyxia.
- 173/27 F. 40.—Lympho-sarcoma (probably) infiltrating head of pancreas, base of mesentery and along abdominal aorta into both ischia. Extensive caries of ischial and pubic bones with gangrenous abscess cavities showing a fistula externally in right labium majus and reaching and destroying left hip-joint. Walls of abscess in places dense, firm and apparently infiltrated with the growth. *Fatty liver.* (Tuberculosis negative). (Wassermann negative).
- 9/28 M. 34.—Cerebral abscesses, probably due to Pfeiffer infection with secondary meningitis, secondary to chronic empyema and carnification of lung. *Fatty liver.* (Tuberculosis negative).
- 47/28 M. 66.—Heart dilated, myocardium soft, considerable subserous fat. *Fatty liver.* Rather wet brain (*alcoholic history*). Dilated and congested stomach. Meckel's diverticulum. Sigmoid diverticulosis. (Tuberculosis negative).
- 81/28 F. 60.—Pulmonary tuberculosis with cavitation and lymphatic spread. *Fatty liver.* Chronic interstitial nephritis. (Tuberculosis positive).

- 228/28 M. 51.—Two pea-rifle wounds. Fractured skull. Lacerated brain. Cerebral haemorrhage. *Fatty liver*. Meckel's diverticulum.
- 233/28 M. 84.—Asthma. Emphysema. Some hypertrophy of left ventricle. *Fatty liver*. Calcification of abdominal aorta. Death attributed to heart failure from asthma and emphysema. (Tuberculosis negative.)
- 33/29 F. 52.—Small fatty heart. *Fatty liver*. General adiposity. Slight oedema of lungs. (Tuberculosis negative.)
- 60/29 F. 6.—Convalescent chicken-pox (eight days). Coma and rigidity with temperature. Death in 25 hours. *Very pale fatty liver*. Cloudy swelling of kidneys. Dark red firm spleen. Toxaemia (? cause). (Tuberculosis negative.)
- 68/29 F. 23.—Considerable diffuse red pneumonic consolidation in both lower lobes. *Pale yellow liver—fatty with cloudy swelling*. No other lesions of importance. Admitted irritable, no temperature at first. Diagnosis obscure, evidently toxaemic with cerebral symptoms. Perhaps an influenzal condition with small patch of central pneumonia followed later by extensive consolidation. (Tuberculosis negative.)
- 208/27 F. 59.—Diabetic cema. Atrophic pancreas. *Fatty denegeration of liver*, kidneys. Fatty infiltration of myocardium. Uterine polyp. Large spleen. (Tuberculosis positive, healed.)
- 212/25 M. 54.—*Multiple abscesses of liver. Pus in portal and splenic veins*. Thrombosis and organisation of inferior vena cava and calcification of iliaes. Purulent infiltration of prostate. Some chronic interstitial nephritis with abscess in one kidney. Abscess of abdominal wall. Septic spleen. Old ulcers of leg (primary infection ?). Old calcified hydatid of liver.
- 128/26 F. 61.—*Abscess in liver*. Superficial burns from hot-water bottle.
- 48/26 M. 40.—Compressed lung from old empyema with pus in bronchioles. *Small abscess in liver*. Appendicitis. Contracted calcified scar in aortic valve, probably healed subacute malignant endocarditis. Abscesses round teeth.
- 68/27 M. 43.—*Multiple large abscesses of liver with some ? infarction*. Small abscesses of lung with some organisation. Large spleen.
- 115/27 M. 54.—*Foul-smelling chronic bile-stained abscesses of large size in the left lobe of the liver. Escape of chocolate pus into peritoneum prevented by recent omental adhesions. Hypertrophy and cloudy swelling of right lobe. Jaundice*. Hypostatic pneumonia. Hypertrophy and some dilatation of heart.
- 102/28 M. 39.—*Appendicitis* and appendical abscess extending to pelvis and along external aspect of descending colon to form a subphrenic abscess near the spleen (21½ ozs.). *Multiple abscesses of liver*. (Tuberculosis negative.)
- 207/28 M. 70.—Extensive amoebic dysentery. *Large chocolate-colored abscess of liver*. Atheroma of aorta. (Tuberculosis ? healed.)
- 118/27 M. 18.—Operation for gangrenous appendix. Retrocaecal abscess. *Purulent phlebitis of ileo-colic vein extending to superior mesenteric and portal veins, with extensive portal pyaemia in liver. Jaundice*. Haemorrhagic

- pneumonia of left lung. *Large spleen.* Cloudy swelling of kidneys. Chronic ulcer of duodenum. Caseous mesenteric gland.
- 245/25 M. 32.—*Degenerated infected hydatid cyst of liver, dilated bile-channels and cholangitis.* Raw red serosa of small intestine. Plaque of pancreatic tissue in jejunum.
- 113/27 M. 58.—*Large degenerated infected hydatid cyst in the right lobe of the liver with daughter and grand-daughter cysts. Atrophy of the left lobe, compensatory hypertrophy of the right. Passage of daughter cysts into the gall bladder and bile ducts with obstructive jaundice. Dilated bile-ducts. Escape of bile into peritoneal cavity with secondary peritonitis. Secondary nutmeg liver. Emphysema.*
- 97/28 M. 54.—*Syphilitic aortitis and atheroma of the aorta. Old scarring of liver. Oedema of the brain. Alcoholism and delirium tremens.*
- 103/28 M. 73.—*Carcinoma of head of pancreas with obstruction of common duct and deep jaundice. Large calcified empyema of left side, small one on right side. Small white nodules and a plaque on surface of liver. Atrophic kidneys. Some hypertrophy of left ventricle. Much atheroma of abdominal aorta. (Tuberculosis negative.) (Wassermann negative.)*
- 10/29 M. 65.—*Death from post-operative shock and cerebral oedema after removal of anterior half of tongue, floor of mouth, etc., for squamous epithelioma. Small fibrotic nodules in liver and spleen. (Tuberculosis positive, healed.)*
- 19/29 M. 52.—*Extensive broncho-pneumonia with bronchitis and some pleurisy. Hypertrophied heart (15½ozs.). Some renal fibrosis. Atrophy of one testis. Small fibrosed nodules on spleen and liver. Atheroma of aorta and cerebral vessels. (Tuberculosis positive, healed.)*
- 244/25 F. 54.—*Jaundice. Scattered white areas of necrosed liver cells surrounded by fibrosis and a larger cavity, ? abscess.*

GALL-BLADDER.

- 19/26 M. 81.—*Pulmonary tuberculosis. Hydrops of gall-bladder with calculi. Small black calculi in bladder. Enlarged prostate. Phlebitis in pelvic veins. Senile atrophy.*
- 90/28 M. 60.—*Solitary gallstone blocking common duct with hydrops of gall-bladder. Gastritis and hepatitis (escape of gas, friable, ? p.m.). (Tuberculosis negative).*
- 22/29 F. 81.—*Chronic bronchitis with secondary broncho-pneumonia. Dilated right heart with failure and auricular fibrillation. Atheroma of aorta. Hydrops of gall-bladder with facetted gallstones. (Tuberculosis positive, healed).*
- 193/25 F. 63.—*Diabetes, pancreas small and fatty. Gangrene of heel. Empyema of gall-bladder. Very large normal kidneys. Intestinal adhesions. Atheroma of Circle of Willis and aorta. Syphilitic aortitis. Diabetic retinitis. Cataract.*
- 138/27 M. 59.—*Aortic stenosis with calcification, probably healed subacute endocarditis. Hypertrophied and dilated heart. Chronic venous congestion of lungs, liver, spleen, and kidneys. Universal pericardial and pleuritic adhesions. Carnification of upper lobe of left lung. Bronchiectatic cavities at right apex. Empyema of the gall-bladder*

- and impacted rough gallstones with duodenal adhesions. (Tuberculosis negative). (Wassermann negative when first admitted, positive later).
- 13/28 M. 68.—Some chronic interstitial nephritis. Some myocardial fibrosis. Peritoneal adhesions. Herniations of wall of small intestines. *Empyema of gall-bladder*. (Tuberculosis positive, healing).
- 88/28 F. 70.—Extensive atheroma of aorta and gummatous syphilitic aortitis with adhesions to the left lung and oesophagus, etc., and ulceration of the oesophagus at the bifurcation of the trachea and haemorrhage therefrom. Atheroma of abdominal aorta. *Strawberry gall-bladder*. (Tuberculosis negative).
- 176/27 M. 65.—Fibrosis and anthracosis of lungs. Hydrothorax. Jejunal diverticula (numerous). Calcified cysts of liver. Enlarged prostate. *Fibrosis of gall-bladder*.
- 89/26 F. 66.—Intestinal obstruction and ulceration from large fractured gallstone. *Sinus between gall-bladder and duodenum*. Large firm spleen, 34ozs.
- 14/27 M. 60.—Fatty infiltration and fine slight fibrosis of liver. Fatty infiltration of heart. *Peritoneal adhesions (gall-bladder removed)*. *Shock following operation*.
- 72/27 F. 63.—Diabetes. Fatty infiltration of small pancreas. Gallstones. *Contracted gallbladder attached by closed sinus to first part of duodenum*. Moderate emphysema. Some sclerotic scarring of right kidney. Diabetic coma (?)
- 90/27 M. 59.—Retroperitoneal abscess below the pancreas probably secondary to infective cholecystitis and gallstones. Extension to the body of the pancreas with extensive haemorrhage and fat necrosis. *Gall-bladder fistulae, gallstones, dilatation of common duct*. Some pneumonia.
- 108/27 M. 75.—Epithelioma of epiglottis. Extension to glands on both sides of neck with ulceration and purulent infiltration. *Gall-bladder contracted with a sinus into the duodenum which is adherent to its remnants*. Hypostatic pneumonia.
- 85/27 M. —.—Pneumococcal meningitis with otitis media. Old infarct with thrombus and calcification at apex of left ventricle. Atheroma of abdominal aorta and coronaries. Distended lacteals in intestinal mucosa. Small omental umbilical hernia. Emphysema of lungs. *Adhesions between site of gall-bladder and duodenum*.

GALLSTONES.

- 101/25 F. 58.—Fracture of ribs, spine. Tears of lung. *Gallstones*.
- 104/25 M. 46.—Fracture of skull. Streptococcal meningitis. Hypostatic pneumonia. *Soft bile-pigment calculi*.
- 119/25 M. 65.—Operation for inguinal hernia. Death nine days later, cardiac failure. Infarct in lung. *Gallstones*.
- 130/25 M. 58.—Gumma of interventricular septum. Heart block. Dilatation and hypertrophy of heart. Syphilitic aortitis. *Gallstones in tight gall-bladder*.
- 131/25 F. 63.—Extensive sacral bed sore. Cystitis, pyelitis and infective nephritis. *Gallstone*.
- 147/25 M. 78.—Fracture of skull, etc. Hypertrophy of heart. Some interstitial nephritis. *Small pultaceous gallstone*. Calcification in Circle of Willis.

- 150/25 M. 61.—Hypertrophied and dilated heart. A.m. clots in auricular appendices. Chronic venous congestion. Kidneys slight interstitial changes. *Gallstones.*
- 89/25 M. 27.—Mitral stenosis and regurgitation. Hypertrophy of heart. Thrombi in heart. Infarcts in lungs. Thrombosis in iliaes, etc. *Gallstones.*
- 92/25 M. 55.—*Cholelithiasis.* Cholecysto-duodenal fistula with passage of gallstone into small intestine, impaction, ulceration. Leakage between gall-bladder and duodenum. General peritonitis.
- 90/25 M. 60.—Diabetes. Fibrotic pancreas. Cellulitis and necrosis of foot. Small yellow infarcts (?) in medulla of kidneys. *Small irregular bile-pigment calculi.*
- 170/25 F. 69.—Carcinoma of pancreas (?) and deposit in liver. Hypostatic and broncho-pneumonia. *Gallstones.* Dilated stomach. Some interstitial nephritis.
- 173/25 M. 60.—Inspissated empyema. Organised pneumonia. Malignant endocarditis. Enlarged prostate and hypertrophied bladder. *Gallstones.*
- 190/25 M. 39.—Pelvic abscess and intestinal adhesions with ulcerations. Hypostatic pneumonia. *Gallstones.*
- 176/25 M. 63.—Cerebral softening from thrombosis. Renal calculi with hydronephrosis. Chronic interstitial nephritis. Some hypertrophy of left ventricle. *Gallstones.* Adhesions of coils of ileum (? after enteric).
- 185/25 F. 75.—Cerebral softening. *Gallstones.* Double hydrosalpinx and uterine fibroids.
- 215/25 M. 67.—Cerebral haemorrhage probably into pia-arachnoid from small aneurism. Unruptured aneurism of Circle. Red granular contracted kidneys. Hypertrophied heart. Meckel's diverticulum. *Gallstones.* Unsuspected carcinoma of prostate.
- 231/25 M. 57.—Cerebral haemorrhage (occipital lobe). Atheroma of Circle of Willis. *Gallstones.* Fatty liver. Calcified streaks (casts) in medulla of kidney with slight fibrosis. Some hypertrophy and dilatation of heart.
- 232/25 M. 61.—Ununited fracture of neck of femur (eight weeks). Melaena (no cause detected) and distension of colon (part). Some interstitial nephritis. *Gallstones.* Death due to ?. Slight syphilitic aortitis. Scar of duodenal ulcer. (Wassermann positive.)
- 235/25 F. 53.—Healing tuberculous spine and psoas abscess. Old tuberculous foci of liver. Infective pyelonephritis. Large soft spleen. Partially collapsed lung. *Gallstones.*
- 26/26 F. 47.—Tricuspid, mitral, and aortic stenosis. Chronic venous congestion. Auricular fibrillation. *Gallstones.*
- 19/26 M. 81.—Pulmonary tuberculosis. Hydrops of gall-bladder with *calculi.* Small black calculi in bladder. Enlarged prostate. Phleboliths in pelvic veins. Senile atrophy.
- 30/26 F. 65.—Carcinoma of thyroid. Deposits in lungs, mediastinum. Death from dyspnoea. Inguinal hernia. *Gallstones.*
- 40/26 F. 77.—*Jaundice.* Hypostatic congestion of lungs. Pancreas shows fat infiltration and fibrosis and polymorphonuclear infiltration. *Gallstone in bladder.* Bile-ducts dilated.
- 70/26 M. 45.—Malignant aortic endocarditis (streptococcal). Old infarcts of spleen, kidney. Secondary pneumonia. *Gall-bladder contracted on stones.*

- 74/26 M. 76.—Pulmonary tuberculosis. Tuberculous ulcers of intestine. *Gallstone*. Splenunculus. Small abscess of kidney. Atheroma of aorta. Bedsores. Senile prostate.
- 133/26 F. 55.—Carcinoma of rectum. Extension of pelvic wall. Fatty liver. *Gallstones (two kinds)*. Small fibromata in gastric mucosa. Clots in popliteal vein.
- 134/26 M. 71.—Flabby heart. Syncope in bath. Some fluid in both lungs. *Gallstones*. Microstomia. Exfoliative dermatitis.
- 138/26 F. 59.—Diabetes. Purulent necrosis of medulla of kidneys with pyonephrosis. Purulent cystitis with commencing peritonitis. Purulent clot in abnormal right ovarian vein. *Gallstone*. Old infarct (?) in spleen. Pancreas (?) normal.
- 139/26 F. 78.—Atheroma of vessels at base of brain and abdominal aorta. Probably cerebral thrombosis with early softening. Large simple cyst of kidney. *Gallstone*. Some interstitial nephritis, but practically no cardiac hypertrophy.
- 150/26 M. 52.—*Gallstones*. Carcinomatosis of peritoneum probably from columnar epithelioma of gall-bladder. Ascites.
- 153/26 M. 63.—Pernicious anaemia. Haemosiderin liver and kidneys. Fatty degeneration of heart. Oedema of lungs. Red bone-marrow. *Gallstones*.
- 155/26 F. 39.—Malignant endocarditis (low vegetations) of mitral and aortic valves. Carcinoma of upper lobe of right lung. Secondary deposits in pleura, mediastinum, etc. Secondary consolidation of carcinomatous lobe at periphery. Infarcts of lung, spleen, kidney, brain (with haemorrhage). *Gallstones*.
- 178/26 F. 38.—Fracture of skull. Extradural and subdural haemorrhage. Laceration of brain. *Mulberry gallstone*.
- 189/26 M. 81.—*Obstructive jaundice from gallstones and biliary sand in common duct, etc.* Emphysema of lungs. Slight polyposis of colon.
- 75/26 M. 31.—Subacute malignant aortic endocarditis (streptococcal). Speckled lungs. Large firm spleen with old infarcts. Greatly enlarged speckled kidneys. Petchiae subcutaneously. Infarcts of ileum. *Gallstones*.
- 89/26 F. 66.—Intestinal obstruction and ulceration from large fractured *gallstone*. Sinus between gall-bladder and duodenum. Large firm spleen—34ozs.
- 101/26 M. 42.—Coronary atheroma with clot. *Gallstones*.
- 83/26 M. 84.—Bedsores. Fatty infiltration and brown atrophy of heart. Atheroma of coronaries and aorta. Thrombosis of right common iliac and clots on atheroma of abdominal aorta. *Gallstones*. Renal calculi. Prostatic calculi.
- 107/26 M. 78.—Atheroma of cerebral vessels, coronaries, and abdominal aorta. Some hypertrophy of heart. Slight interstitial kidney changes. Degenerated hydatid of liver. Calcified hydatid of left cupola of diaphragm. Moderate silicosis. Fibrosis of one testis, hypertrophy of other. *Gallstone*.
- 110/26 M. 75.—Hypertrophied and dilated heart. Granular contracted kidneys. Iced-cake thickening of capsules of liver and spleen and fine cirrhosis of liver. Much ascites. Calcified mesenteric gland. Atheroma of coronaries. *Small dark biliary calculus*.

- 46/26 M. 74.—Enlarged prostate, hypertrophied bladder, abscess between bladder and pubes connecting with bladder, etc., leakage, commencing general peritonitis. Pyelitis with early pyelonephritis. Large abscess cavity between right kidney and diaphragm with blood clot. *Gallstones*. Pedunculated polyp of colon. Atheroma of abdominal aorta.
- 205/26 F. 65.—Purulent infiltration (? from teeth) of side of face, temporal muscle, etc., to cavernous sinus (purulent). Early meningitis. *Gallstones*.
- 209/26 M. 63.—Squamous epithelioma of oesophagus with stricture. Malignant glands. Deposit in scapula. Small deposits in kidney. Slight hypertrophy of pylorus (? achalasia—gastro-enterostomy done). Distension of large gut. Deposit in heart muscles with vegetations. Syphilitic aortitis. *Inspissated bile-pigment calculi*.
- 6/27 M. 68.—Atheroma of aorta and marked atheroma of coronaries. Aneurisms of abdominal aorta and both common iliaes. Syphilitic aortitis. Fatty liver. *Gallstones*. Retro-peritoneal haemorrhage.
- 7/27 M. 49.—Mitral and aortic stenosis, with calcification. Malignant endocarditis on both valves. Infarcts of lungs, kidneys. Nutmeg liver. *Gallstones*. Ascites and oedema.
- 3/27 M. 72.—Gout (big toe). Chronic interstitial nephritis (gouty). Fatty degeneration and infiltration of heart. Recent pericarditis. Atheroma of aorta and coronaries. *Inspissated gallstones*. Large parenchymatously degenerated liver. Atheroma of aortic cusp of mitral and commissure.
- 28/27 M. 63.—Cirrhosis of liver, rather fine type of hobnail. No ascites. Collateral circulation. *Gallstones*. Emphysema. Old infarct of lung. Hypertrophied heart (hyperpiesis.) Congestion of kidneys.
- 32/27 M. 72.—Cerebral haemorrhage (probably). Skull not allowed to be opened. Red granular contracted kidneys, with small cysts. Slight hypertrophy of heart. *Black mulberry biliary calculi*.
- 45/27 M. 87.—Partly negro. Enlarged prostate. Haemorrhage in bladder after decompression, cystitis. *Gallstones, and probably biliary obstruction*. Slight hypostatic pneumonia. Calcified plaque in spleen. Two polypi of colon. Slight diverticulitis.
- 72/27 F. 63.—Diabetes. Fatty infiltration of small pancreas. *Gallstones. Contracted gall-bladder attached by closed sinus to first part of duodenum*. Moderate emphysema. Some sclerotic scarring of right kidney. Diabetic coma ?
- 60/27 F. 70.—Diverticulitis of descending colon, ulceration, faecal abscess in iliac fossa, finally gas gangrene with discoloration of side. Thrombosis of veins of right leg. Atheroma of vessels at base of brain. *Gallstones with contracted thin gall-bladder*.
- 70/27 M. 76.—Femoral thrombosis from atheroma. Commencing gangrene of leg. Atheroma of coronaries. Pulmonary artery. Thrombosis. Emphysema. *Gallstone in contracted gall-bladder*. Diverticulitis.
- 87/27 F. 47.—Carcinoma of breast. Extensive infiltration and infection of operation wound. Pleural plaques (parietal and visceral), and much effusion on both sides. Compression

- of left lung from fluid. Plaques on parietal pericardium. Secondary deposit in liver. *Mulberry biliary calculi (pale.)*
- 93/27 M. 77.—Ruptured heart from infarction of wall of left ventricle from coronary atheroma and thrombosis. Gouty deposit over right elbow. Red granular, not contracted kidneys. Some hypertrophy of heart. Renal cyst. *Stones in gall-bladder and hydrops.* Cystic condition of head of pancreas. Emphysema, congestion and oedema of lungs. Atrophic patches in sigmoid mucosa.
- 98/27 M. 59.—Retroperitoneal abscess below the pancreas probably secondary to infective cholecystitis and gallstones. Extension to the body of the pancreas with extensive haemorrhage and fat necrosis. *Gallbladder fistulae, gallstones, dilatation of common duct.* Some pneumonia.
- 105/27 F. 65.—Somewhat hypertrophied and dilated heart not explainable by valvular or renal lesions. Atheroma of coronaries and abdominal aorta, soft heart wall. Induration, oedema and congestion of the lungs. Intense chronic venous congestion of the liver and spleen with general oedema and ascites. *Large fractured gallstone and mass of inspissated bile-pigment.* Old haemorrhagic erosions of the stomach. Slight diverticulosis. Prolapsus uteri.
- 11/27 F. 65.—Carcinoma of sigmoid colon. Pelvic abscess. Bedsore. Recent fibrinous adhesive pericarditis. Left hydronephrosis. Atheroma of aorta. *Bile sand.*
- 39/27 M. 75.—Emphysema and carnification of lungs. Dilatation of the aorta, general. Atheroma and syphilitic aortitis. Blood clot in aorta. Small areas of traumatic (?) atrophy of the brain. Early pericarditis. *Biliary calculi.* Marginal inflammation of eyelids.
- 203/27 F. 50.—Old hydronephrosis of one kidney, some interstitial fibrosis of other. Hypertrophy of heart. *Gallstone (dark green).* Oedematous lungs. (Tuberculosis positive, healed.)
- 138/27 M. 59.—Aortic stenosis with calcification, probably from healed subacute endocarditis. Hypertrophied and dilated heart. Chronic venous congestion of lungs, liver, spleen, and kidneys. Universal pericardial and pleuritic adhesions. Carnification of left upper lobe of lung. Bronchiectatic cavities at right apex. *Empyema of the gall-bladder and impacted rough gallstones, with duodenal adhesions.* (Tuberculosis negative.) (Wassermann negative when first admitted, positive later.)
- 139/27 F. 52.—Streptococcal arthritis of shoulder-joint, leading to extensive subpectoral abscess, secondary abscesses in right lung followed by empyema. Cloudy swelling. *Biliary calculi (small, rough, dark colored).* (Tuberculosis negative.)
- 146/27 F. 60.—*Staph. aureus* infection of nose and face with pustules. *S. aureus* in cavernous sinus. Chemosis of eyes. Oedema of brain. *Gallstone.* Small old infarct of lung. Diabetic coma. (Tuberculosis negative.)
- 149/27 M. 74.—Patch of massed miliary tubercles forming a consolidated area at the left base with tuberculous abscess (pleuritic) on diaphragm. Calcified pleuritic plaques at both apices. Atrophic emphysema. Dilated right auricle

- (sudden heart failure). Thickened splenic capsule. Atheromatous abdominal aorta. *Bile-pigment grit.* (Tuberculosis positive.)
- 211/27 M. 84.—Partial p.m. Carcinoma of bronchus. Enlarged prostate removed by operation. Some renal arterio-sclerosis. Hypertrophy of bladder. Suppression of urine. *Gallstones and contracted gall-bladder.* Calcified nodules in liver, spleen, lung. (Tuberculosis positive, healed.)
- 216/27 M. 44.—Cerebral haemorrhage. Cardiac hypertrophy. Renal calculi. Some renal fibrosis. Atheroma of aorta, coronaries and vessels at base of brain. *Small gall-stone.* (Tuberculosis negative.)
- 11/28 M. 58.—Lobar pneumonia. Multilobular cirrhosis with ascites. *Bile-pigment calculi.* (Tuberculosis positive, healed, one apex.)
- 58/28 M. 48.—Amyloid nephritis. Odema and congestion of lungs with some organisation and pneumonia. Old apical pulmonary tuberculosis. Scar of duodenal ulcers. *Gallstones (fractured, cholesterol-pigment).* Ankylosed hip (probably old tuberculous) with compensatory kyphosis, etc. Uraemia. (Tuberculosis positive.)
- 72/28 F. 77.—Carcinoma of breast, almost encephaloid (tumour for 11 years). Scirrhus deposits in glands of axilla. Plaques ? carcinomatous in peritoneum. Slight bronchiectasis and bronchitis. Some sclerosis of mitral valve and enlarged left auricle. Thinning of apex of left ventricle. Atheroma of aorta. Calcification in walls of uterine arteries. *Biliary concretion.* Superficial ulceration of epiglottis and trachea. Tubules on surface of ovary.
- 90/28 M. 60.—*Solitary gall-stone blocking common duct with hydrops of gall-bladder.* Gastritis and hepatitis (escape of gas, friable, ? p.m.) (Tuberculosis negative.)
- 96/28 M. 74.—Pernicious anaemia. Moderate haemosiderin in liver, spleen and kidneys, largish spleen, red bone marrow. Some hypostatic pneumonia. Bedsores. Healed ulcers in colon. Small renal calculus. *Small bile-pigment calculi.* (Tuberculosis positive.)
- 105/28 M. 73.—Colloid carcinoma, probably originating in gall-bladder, with much involvement of omentum and retroperitoneum. *Gallstones.* Broncho-pneumonia.
- 107/28 F. 27.—Profound anaemia (not of pernicious type) of pregnancy with haemosiderin liver, large spleen, large pale kidneys with cloudy swelling and red bone-marrow. Enlarged uterus from recent confinement, with blood-clot and vaginal tears. *Gallstones.* (Tuberculosis negative.)
- 124/28 F. 56.—Operations for ventral hernia and *recent cholecystostomy wound for gallstones.* Fat necrosis round pancreas extending to near both kidneys. Pancreas itself not much affected. Some superficial collapse in both lungs. Red granular contracted kidneys. Some hypertrophy of left ventricle. Large thyroid. (Tuberculosis negative.)
- 139/28 F. 46.—Left cerebellar haemorrhage and softening from an atheromatous vessel and moderately high blood pressure. Congestion of left mastoid cells. Pale thyroid. *Gall-stone and mucocoele.* (Tuberculosis positive, healed.) (Wassermann negative.)

- 111/28 M. 65.—Recurrent carcinoma of prostate, filling bladder. Emphysema and oedema of lungs. *Gallstones* (*nodular cholesterol*). (Tuberculosis negative.)
- 114/28 F. 66.—Chronic bronchitis and some pulmonary fibrosis. Hypertrophied and dilated right heart. Chronic venous congestion of liver and spleen and oedema of legs. Slight fibrosis of kidneys. *Gallstones* (*facetted*). Haemorrhagic uterine mucosa. (Tuberculosis negative.) (Wassermann positive.)
- 118/28 M. 65.—Cerebral softening with much atheroma of vessels at base of brain. Some emphysema. Hypertrophied and dilated right heart. Healed dysenteric ulcers or diverticula in colon. *Gallstones* (*facetted*). Hyperplasia of prostate. (Tuberculosis negative.)
- 159/28 M. 76.—Carcinoma of the sigmoid, with intestinal adhesions and secondary abscess, extending into the ileo-psoas and passing upwards to level of kidney and down below Poupart's ligament. Several small polypi and diverticula of colon. Foul cystitis with a soft concretion. Fibro-sarcoma (probably) of muscular wall of stomach. *Gallstones*. Moderate atheroma. Calcified pleural plaque. Large spleen (9½ozs.) (Tuberculosis negative.)
- 161/28 F. 54.—Intestinal obstruction from a band with gangrenous intestine. Calcified mesenteric glands. *Gallstones*. (Tuberculosis positive, healed.)
- 169/28 M. 55.—Operation seven days previously for inguinal hernia. Some blood extravasation in the stump. Small infarct in the lung and dark a.m. clots throughout pulmonary arteries (massive embolism or thrombosis), with patches of collapse, oedema, congestion, and some emphysema. *Gallstone*. Rather large spleen (11ozs.) (Tuberculosis negative.)
- 219/28 F. 33.—Tracheitis and bronchitis with congestion and airlessness of posterior parts of lungs. Pale myocardium. *Gallstone*. (Tuberculosis negative.)
- 171/28 M. 28.—Acute infective peritonsillitis, due to *Staphylococcus aureus* in front of sacrum, with large abscess. Secondary pyaemic foci and infarcts of lungs. Small pyaemic foci in kidneys. Old degenerated hydatid cyst of the right lobe of the liver, with hypertrophy of the left lobe. *Inspissated bile pigment*. Cloudy swelling. (Tuberculosis negative.)
- 172/28 M. 76.—Cerebral haemorrhage. Red granular moderately contracted kidneys and moderate cardiac hypertrophy. Some atheroma of aorta and vessels at base of brain. Rigid partly calcified aortic cusps. Some emphysema and oedema of the right base. *Bile pigment calculus*. Fat infiltration of pancreas. Small nodule on temporo-sphenoidal lobe. (Tuberculosis positive, healed.)
- 177/28 M. 29.—Greatly hypertrophied and dilated heart. Universal pericardial and pleuritic adhesions. Some mitral stenosis. Old a.m. clots (small) in right ventricle. Red granular kidneys. Wrinkled nutmeg liver. Chronic venous congestion of spleen. Brown induration of lungs, with probably organising hypostatic pneumonia. Old and recent infarcts of testes. *Gallstones*. Renal calculi. (Tuberculosis negative.) (Wassermann negative.)

- 184/28 F. 56.—Obliteration of coronary branch, with infarction of wall of left ventricle and ante-mortem clot in left ventricle, and small one at apex of right. Recent and old infarcts of lungs. Broncho-pneumonia. *Gallstones*. Softening of frontal lobe. (Tuberculosis negative.) (Wassermann negative.)
- 197/28 F. 59.—Very large degenerating hydatid cyst of left lobe of the liver with daughter cysts, escape of daughter cysts into bile ducts, one acting as a ball valve at the ampulla of Vater and causing distension of common bile duct and gall-bladder and jaundice. Death attributed to toxæmia from infection near the hydatid and pressure. Some fibrosis of the kidneys with slight hypertrophy of the heart. Atheromatous cerebral vessels. *Inspissated bile pigment in gall-bladder*. (Tuberculosis negative.)
- 201/28 M. 84.—Chronic osteo-myelitis of parietal bone secondary to trauma 40 years ago. Septic meningitis, left cerebral abscess. Broncho-pneumonia. Atheroma of aorta. *Gallstones*. (Tuberculosis positive, healed.)
- 224/28 M. 53.—Diphtheria. Oedema of arytenoids, intense congestion of trachea and bronchi with muco-purulent exudate. Oedematous lungs. Large firmish liver. Large rather soft spleen. Red granular kidneys. Cardiac hypertrophy, slight. Gouty deposits near joints. *Gallstone (knobby)*. (Tuberculosis negative.)
- 14/29 M. 64.—Aneurysm of descending thoracic aorta with rupture into left lung, syphilitic aortitis. Some broncho-pneumonia. *Gallstones*. Old infarct in left kidney. (Tuberculosis negative.)
- 22/29 F. 81.—Chronic bronchitis with secondary broncho-pneumonia. Dilated right heart with failure and auricular fibrillation. Atheroma of aorta. *Hydrope of gall-bladder with faceted gallstones*. (Tuberculosis positive, healed.)
- 31/29 F. 60.—Pneumonic consolidation at left base with early organisation. Emphysema. Synechia pericardii. *Faceted gallstones*. Agonal intussusception. Small area of cerebral softening. (Tuberculosis negative.)
- 41/29 M. 47.—Carcinoma of pylorus. Secondary deposits in glands and right suprarenal. Congestion and oedema of lower lobe of right lung. Calcified mesenteric glands. *Gallstones*. (Tuberculosis positive, healed.)
- 48/29 M. 46.—Subacute malignant endocarditis of mitral and aortic valves, infarcts in spleen, kidneys, right foot and brain with cerebral softening on right side. Carcinoma of gall-bladder with extensive secondary deposits in liver. *Gallstones (cylindrical)*. Intense jaundice. Date-stone-sized phlebolith with clots in veins round vesiculæ seminales. Death from cerebral softening. (Tuberculosis negative.) (Wassermann negative.)
- 50/29 M. 71.—Enlarged prostate, hypertrophied and dilated bladder, dilated ureters and renal pelves, left-sided perinephritic suppurative infiltration. Cerebral softening with atheroma. Emphysema. Dilated right heart. Auricular fibrillation. Some hypostatic pneumonia. Atheroma of aorta. *Gallstones*. Inguinal hernia. Small cyst on brim of pelvis. Skull diploe reddish (?) early Paget's disease. (Tuberculosis negative.)

- 61/29 M. 40.—Traumatic subdural haemorrhage with laceration of right temporo-sphenoidal lobe. Adherent pericardium. *Gallstones.*
- 59/29 M. 69.—Carcinoma of pylorus with carcinomatous ulcer and invasion of serous coat and extensive peritoneal seeding, especially in omentum, iliac fossae and pelvis, with ascites. Free HCl in stomach. Some pneumonic consolidation with very early organisation commencing. Atrophic testis. *Minute bile-pigment calculi.* (Tuberculosis negative.) (Wassermann negative.)
- 62/29 M. 81.—Pulmonary tuberculosis especially affecting left lower lobe with conglomerate cascating tubercles, and in the other lung partial organisation of a pneumonia and miliary tubercles (? inhalation pneumonia + tuberculosis). Squamous epithelioma of palate and tonsil. Some emphysema. Atheroma of abdominal aorta. *Two facettèd gallstones.* Hydrocele. (Tuberculosis positive.)
- 58/29 M. 60.—Boil in neck and diffuse purulent infiltration of buttock—*S. aureus* infection. White infarct with some collapse near base of right lung with pleurisy. Oedema of lungs. Diffuse purulent infiltration of the prostate with secondary cystitis with pimple-like elevations. Some pyelitis of right kidney. High blood sugar (0.384 per cent.). Cloudy swelling. *Facettèd gallstones.* (Tuberculosis negative.)
- 67/29 F. 34.—Hyperpiesis, probably essential, B.P. 280/170. Greatly hypertrophied left ventricle, heart weighing 22½ ozs. Kidneys practically normal. Cerebral haemorrhage. Soft nodule with depressed summit near pylorus. Small polyp in colon. *Two rounded gallstones (radiating structure).* (Tuberculosis negative.)
- 109/29 M. 90.—Pleurisy with some fibrosis of lungs and some pneumonia. Coronary atheroma with calcification. Atheroma of abdominal aorta. Synechia pericardii. Arteriosclerotic scarring of kidneys. Lipomata in the omentum. *Gallstones.* Pneumococcal pus in sphenoidal sinus. (Tuberculosis negative.)
- 110/29 M. 41.—Fibrosed tuberculosis of left lung with contraction; compensatory emphysema and active spread with caseous foci and miliary tubercles in right lung. Much dilated and hypertrophied right heart with failure. Early tuberculous ulceration in caecum. *Gallstones.* (Tuberculosis positive.)
- 120/29 M. 59.—Carcinoma of fundus of gall-bladder. Deposits in liver (softer than primary) and lymph glands along the omentum, infiltration of omentum. *Gallstones.* (Tuberculosis negative.)
- 127/29 F. 84.—Double purulent pneumococcal pleurisy with some collapse of lung, some bronchitis and atrophic emphysema, but no definite broncho-pneumonia. Purulent infiltration of epiglottis. Atheroma of abdominal aorta. *Gallstone.* (Tuberculosis positive, healed.)
- 131/29 F. 27.—Abortion and sepsis, *B. Welchii* infection. Necrotic material in uterus. Foamy liver with small necrotic foci. *Brown bile with inspissated pigment.* Enlarged spleen (8½ ozs.). (Tuberculosis negative.)
- 129/29 F. 55.—Frohlich's syndrome (dystrophia adiposa-genitalis) with a small soft growth in sella turcica, erosion of posterior

clinoid processes and extension to right cavernous sinus. Large encephaloid deposits in mediastinum, extending into roots of lungs; large walnut-sized deposit on surface of right kidney; flattened firmer growth on left kidney. Small polypoid secondary deposits projecting into ventricles of heart and small nodules on visceral pericardium. *Two rough gallstones.* (Tuberculosis negative.)

- 149/29 M. 66.—Extensive retro-peritoneal haemorrhage and some into mucous membrane of bladder. Polyposis of large bowel with constriction of sigmoid. Oedema and congestion of lungs. Dilated auricles. Some scarring of aorta (? syphilitic). *Gallstones.*

PANCREAS.

- 148/28 M. 35.—Old perineal fistulae with hypertrophied bladder and cystitis and double hydronephrosis with perinephritis. Cellulitis and gangrene of scrotum and penis. Broncho-pneumonia. *Pancreatic plaque in wall of jejunum.*
- 93/27 M. 77.—Ruptured heart from infarction of wall of left ventricle from coronary atheroma and thrombosis. Gouty deposit over right elbow. Red granular, not contracted kidneys. Some hypertrophy of heart. Renal cyst. Stones in gall-bladder and hydrops. *Cystic condition of head of pancreas.* Emphysema, congestion and oedema of lungs. Atrophic patches in sigmoid mucosa.
- 206/28 F. 34.—Double very foul empyemata, one with 25ozs. Recently confined, but empyemata perhaps independent of this. Compression of lung. Large soft spleen. *Small cysts in pancreas.* Some retained decidua in uterus. Three lobes in each lung. (Tuberculosis negative.)
- 136/26 F. 78.—Coronary atheroma. Necrosis and fibrosis of ventricular wall. A.m. clot in left ventricle. Infarcts of lung. Large simple cyst of kidney. Early carcinoma of ascending colon. Adenomatous polyp of uterus. Telangiectases in rectum. *Fatty infiltration of pancreas.* Auricular fibrillation.
- 172/28 M. 76.—Cerebral haemorrhage. Red granular moderately contracted kidneys and moderate cardiac hypertrophy. Some atheroma of aorta and vessels at base of brain. Rigid partly calcified aortic cusps. Some emphysema and oedema of the base of right lung. Bile-pigment calculus. *Fat infiltration of pancreas.* Small nodule on temporo-sphenoidal lobe. (Tuberculosis positive, healed.)
- 40/26 F. 77.—Jaundice. Hypostatic congestion. *Pancreas shows fat infiltration, fibrosis, and pmn. infiltration.* Gallstone in bladder.
- 139/29 M. 70.—Broncho-pneumonia with emphysema. Atheroma of aorta and coronaries. Calcification of aortic cusps. Carcinoma of prostate. Chronic cystitis. Some hydronephrosis of kidneys. *Sclerosis of head of pancreas.* (Tuberculosis positive, healed.)
- 98/27 M. 59.—*Retroperitoneal abscess below the pancreas* probably secondary to infective cholecystitis and gallstones. *Extension to the body of the pancreas with extensive*

haemorrhage and fat necrosis. Gall bladder fistulae, gallstones, dilatation of common duct. Some pneumonia.

124/28 F. 56.—Operations for ventral hernia and recent cholecystostomy wound for gallstones. *Fat necrosis round pancreas extending to near both kidneys. Pancreas itself not much affected.* Some superficial collapse in both lungs. Red granular contracted kidneys. Some hypertrophy of left ventricle. Large thyroid. (Tuberculosis negative.)

209/28 M. 72.—Hypertrophied and dilated heart (22½ozs.), without renal or valvular cause, nutmeg liver, chronic venous congestion of spleen and kidneys. Some emphysema and compression of lungs. Some a.m. clot in right auricular appendix. Slight interstitial fibrosis of kidneys. *Small specks of fat necrosis in pancreas.* (Tuberculosis negative.)

146/29 M. 55.—Old and recent intradural haemorrhage following injury. Small areas of softening in brain. *Slight fat necrosis (?) in mesentery.* (Tuberculosis negative.) (Wassermann negative.)

55/29 M. 40.—Meningeal subdural haemorrhage and bruising of the brain probably result of syncopal attack. *Some haemorrhagic extravasation in pancreas, perhaps the cause of the syncope.*

DIABETES.

153/25 M. 12.—*Diabetic coma.* Pancreas comparatively small and ribbon-shaped.

90/25 M. 60.—*Diabetes. Fibrotic pancreas.* Oedema of lungs. Cellulitis and necrosis of foot. Small pale-yellow comet-shaped infarcts in medulla of kidneys. Bile-pigment calculi.

94/25 M. 58.—Malignant deposits in liver, abdominal lymph glands, root of lung. *Diabetes—pancreas apparently normal.*

159/25 F. 52.—Acute pyelonephritis. Hobnail liver. *Small hard fibrotic pancreas (sent in as diabetes, no glycosuria).* Oedema of brain.

162/25 M. 69.—*Diabetic gangrene of foot. Chronic fibrosis of pancreas.* Hypostatic pneumonia. Presacral kidney. Hypertrophy of left ventricle. Large soft liver with jaundice.

210/25 M. 60.—*Diabetes. Diabetic coma.* Tuberculous abscess in lung. Calcified hydatid of liver. Infective hydronephrosis with some renal atrophy. Small fibromatous nodule in stomach.

193/25 F. 63.—*Diabetes. Pancreas small and fatty.* Gangrene of heel. Empyema of gall-bladder. Very large normal kidneys. Intestinal adhesions. Atheroma of Circle of Willis and aorta. Syphilitic aortitis. *Diabetic retinitis. Cataract.*

138/26 F. 59.—*Diabetes. Pancreas? normal.* Purulent necrosis of medullas of kidneys with pyonephrosis. Purulent cystitis with commencing peritonitis. Purulent clot in abnormal right ovarian vein. Gallstone. Old infarct (?) in spleen.

158/26 F. 54.—*Diabetes.* Extensive atheroma of coronaries and abdominal aorta. Chronic interstitial nephritis (?).

130/26 M. 60.—*Diabetic coma. Pancreas a little small.* Carbuncles of kidneys. Small abscess of lung. Abscess near prostate. Emphysema. Atrophy of optic chiasma and nerves. *S. aureus* grown from spleen, kidney, lung. Fine cirrhosis of liver with haemosiderin color.

- 44/26 F. 58.—*Diabetic coma, pancreas apparently normal.* Organised exudate in lungs, necrosed tuberculous patch.
- 192/26 M., 21.—*Diabetes mellitus. Atrophic pancreas.* Purulent pericarditis. Petechial haemorrhages in left lung and bladder.
- 5/27 F. 43.—Gangrenous appendicitis. General peritonitis. *Atrophic pancreas (diabetic).*
- 72/27 F. 63.—*Diabetes. Fatty infiltration of small pancreas.* Gallstones. Contracted gall-bladder attached by closed sinus to first part of duodenum. Moderate emphysema. Some sclerotic scarring of right kidney. *Diabetic coma (?)*.
- 89/27 M. 14.—*Diabetic coma. Acidosis. Small pancreas.* Acute gastroenteritis.
- 146/27 F. 60.—*Staph. aureus* infection of nose and face with pustules. *S. aureus* in cavernous sinus. Chemosis of eyes. Oedema of brain. Gallstone. Small old infarct of lung. *Diabetic coma.* (Tuberculosis negative.)
- 161/27 M. 70.—Dilated and hypertrophied heart. Advanced atheroma. Small mesenteric cyst. *Diabetic coma.* (Tuberculosis positive, arrested).
- 208/27 F. 59.—*Diabetic coma. Atrophic pancreas.* Fatty degeneration of liver, kidneys. Fatty infiltration of myocardium. Uterine polyp. Large spleen. (Tuberculosis positive, healed).
- 167/28 M. 65.—Patches of infective broncho-pneumonia with abscesses (green streptococci). Quiescent hydronephrosis, distended bladder. Atheroma of abdominal aorta. *Fat infiltration of pancreas. Diabetes.* (Tuberculosis negative).
- 44/29 F. 59.—Bruising of right orbit. Meningitis probably secondary to the injury. No fracture. *Diabetes with coma reacting to insulin.* Fibromyomata of uterus. (Tuberculosis positive, healed).
- 58/29 M. 60.—Boil in neck and diffuse purulent infiltration of buttock. *S. aureus* infection. White infarct, with some collapse near base of right lung with pleurisy. Oedema of lungs. Diffuse purulent infiltration of the prostate, with secondary cystitis with pimple-like elevations. Some pyelitis of right kidney. *High blood sugar (0.384 per cent.).* Cloudy swelling. Facetted gallstones. (Tuberculosis negative.)

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