mal noticed except numerous small hemorrhages in pons.

Dr. Graham remarked further that it was plainly a case of interstitial nephritis of the right kidney, primarily due to calculus, probably uric acid. The heart condition was secondary to the change in the kidney. The same change was seen in an earlier stage in the left kidney. The clinical history showed recurrent attacks of renal colic. This case was one in which the disease of the kidney seemed primary and the cardio-vascular changes secondary; not the order usually given. The heart murmurs were noteworthy; that soft blowing murmur, constantly present but varying in intensity, was audible only at the back, on the level of the apex beat, not in front. One usual cause given for cardiac murmurs in Bright's disease is excessive dilatation of the ventricle and movements of irregular currents of blood. In this case the sound was probably due to mitral regurgitation. What was the cause of death? There was no stupor as is usual in uræmia; it was not due to heart weakness, as there was no abnormal amount of clot found in the heart.

Dr. John Caven had made the microscopical examination of the organs in this case, and reported that the radial artery showed well-marked endarteritis, and in the kidneys there were similar obliterative changes present in both. The pons varolii showed, perhaps, half a dozen small but well-marked hemorrhages.

Dr. McPhedran regarded the case as showing angina pectoris with no pain, a condition that would be very promptly relieved by amyl nitrite. Death seemed not to be due to uræmia.

Dr. Oldright detailed a case of death from heart failure in his practice which he thought was due to a toxæmia of renal origin, though not uræmic, in the ordinary sense of that term at any rate.

URINE IN PERNICIOUS ANÆMIA.

Dr. McPhedran presented a specimen of urine from a case of pernicious anæmia. It was very acid and highly colored; sp. gr. 1022. The blood in this case showed no megalocytes, but many microcytes; red corpuscles did not run into rouleaux, but into clumps. There was a fair number of poikilocytes.

CARD SPECIMENS.

The following were presented by Dr. J. Caven:

(1) Tubercle in udder of cow.
(2) Leprosy.
(3) Carcinoma of peritoneum.

The Society then adjourned.

Personal.

DR. PAUL F. MUNDÉ, of New York, was recently elected a corresponding Fellow of the Obstetrical Society of Leipsic.

DR. ED. GORDON, formerly of Toronto, now surgeon on one of the C.P.R. steamers, received a fracture of the leg while playing football in Vancouver last month.

Obituary.

DR. JAMES YOUNG ALLEN, of Toronto, died Feb. 1st, at his home on Carlton street, from *la grippe*. He was a man of ability and had a superior education, having been trained in Glasgow and Paris where he graduated fifty-seven years ago. As he lived in comparative retirement he was not well-known to the profession; but those who knew him intimately entertained a high respect for him.

SIR MORELL MCKENZIE, M.D., died at London, February 3rd, from syncope, following an attack of influenza, at the age of 55. He was well known as a specialist in diseases of the throat. He was the chief in attendance on the late German Emperor Frederick during his last illness, and received his knighthood as a recognition of his services at that time.

MR. JOHN WOOD, F.R.S., at one time Teacher of Anatomy, and for many years Professor of Surgery in King's College, London, died Dec. 29th.

MR. BERKELEY HILL, another of London's well-known surgeons, and vice-president of the Royal College of Surgeons, died last month.

DR. J. M. SMITH, an old practitioner, of London, Ont., died February 9th.