

JOHN McCRAE, M.D. With regard to the alkaline treatment, once in the Johns Hopkins Hospital, I had in the wards a boy of 14 who had been a diabetic for some considerable period. At this time he developed acetone in the urine, became rapidly drowsy and passed into coma. With 36 hours of the alkaline treatment, he came back to what was his normal state in the hospital. The amount of alkaline was a drachm of soda bicarb. by the mouth as frequently as he could take it without vomiting. We also gave him enemata of 400-500 cc. water in each of which was 1-1½ oz. soda bicarb. and in addition to that we gave him strong subcutaneous injections under the pectoral muscles.

PLEURISY. SOME AUTOPSY STATISTICS.

A. R. LANDRY, M.D. This paper appears in the April number of the JOURNAL.

J. G. ADAMI, M.D. No one would imagine that this paper represents a year's hard work, and that late into the night. And yet there is here a larger mass of material upon pleural adhesions than has ever been brought up before, the next largest I think is some 300 cases. I do not hesitate to say that these results regarding the relationship between grave and recognisable tuberculosis, and the obsolete, or even of the acute type in the body and of these pleural adhesions are of very great value. There is a certain order of statistics here that one is not able to find in books. Of course there is the one weak point in post mortem work, namely, that tuberculosis may have been present and may have been absorbed. One cannot make the statement, for instance, when he finds old adhesions without tuberculosis in the body that there never has been tuberculosis. Nevertheless, I find on looking over our statistics at the Royal Victoria Hospital that, roughly, 50 per cent. of cases coming to autopsy present definite recognisable tuberculosis. And yet we here in Canada are not so badly off, we do not have that huge proportion of cases that are recognised in Germany and in industrial districts in the old world. One point I think one may lay stress upon in this paper, namely, that our autopsies are thorough and the routine examination represents very thorough search for evidence of tuberculosis, and that so the figures may be trusted. I hope that these results will be of some value to the clinician as emphasizing the great frequency of pleural adhesions, and secondly the infrequency with which they are recognised. It may be news to many here that 7 out of 10 of the people of Montreal have suffered from old active pleurisy.

W. F. HAMILTON, M.D. Our case reports are not all written for statistics, perhaps it would be well if they were so written. Questioned