

the time of operation was slightly enlarged and pale; the capsule stripped off without tearing the cortex, there was no marked tension under the capsule. Two days after the operation he had a convulsion. His symptoms were not relieved by operation save that the amount of urine increased so that 11 days after operation he passed 17½ ounces in 24 hours with 1.3 per cent. of albumin and 2.1 per cent. of urea. On the thirteenth day after the operation he had a second convulsion when his temperature rose to 107.2 F. He died of uræmia 15 days after operation.

On careful study of this case and the clinical records one finds that calomel was largely used as a purgative during his stay in the hospital. I am convinced that mercurial salts should be interdicted in nephritis, at all events in repeated doses from day to day. There can be no doubt of the fact that calomel thus administered interferes to a dangerous extent with the excretory function of the kidney. The following case under the care of my colleague, Dr. Goldie, is, to my mind, a most convincing picture of cause and effect, illustrating the baneful effects of this drug in nephritis, and hence I venture to quote it: A child, 9 years of age, was admitted for Potts' Disease of the Spine. The temperature range was normal, and the urine normal. On April 23rd he developed headache and rise of temperature, followed in 26 hours by a punctate rash. [He was transferred to the infectious ward as a case of scarlet fever. On April 26th the urine contained albumin, red cells and casts. On the 27th of April the throat showed redness and a small patch of membrane on one tonsil. On the 28th hydrarg. subchlor. grs. ½, in divided doses of ⅓th of a grain, was given night and morning owing to the intestinal condition. For over two weeks the urine was that of acute nephritis without any sign of improvement, while the membrane in the throat persisted and spread along the edge of the tongue. No bacilli diphtheriæ were found during this period. An inspection of the order sheet revealed the fact that the single order for hydrarg. subchlor. had been taken as a permanent order. On stopping this, both the kidney and the throat conditions cleared rapidly, both being normal on his discharge from the infectious ward seven weeks later.

The third patient on whom I operated was a boy of 18 years of age, admitted to the Toronto General Hospital on December 11th, 1903, suffering from chronic Bright's disease. Ten years previously he had an attack of post-scarlatinal nephritis, and subsequently an attack of pneumonia. In the autumn of 1902 he was out of sorts, but not until May, 1903, did he develop œdema of the extremities with puffiness of the face, and it was then found that he had Bright's disease. He lived