

sed a good deal of pus and blood in his urine, and last spring he passed large quantities of blood and a little pus; no interference was allowed until the condition became as Dr. Hutchison had stated.

DR. LAUTERMAN thought the best method of estimating the respective power of the kidneys was the catheterisation of the uteters separately; this enabled the surgeon to decide whether to remove a diseased kidney or not.

DR. HUTCHISON in reply said he had no personal experience with catheterisation in the male, and he thought only those who did a large genito-urinary practice could be competent to do it with satisfaction; certainly in Montreal the field was too limited. He did not exclude it as a means of knowledge, but it was not available to him.

DR. F. G. FINLEY read a case report of Malignant Gonorrhoeal Endocarditis, and Dr. McCrac described the conditions found at the autopsy. The case is recorded at page 260 of this number of the JOURNAL.

DR. DUBÉ said, at a lecture given in Paris some years ago they were told that they must stop thinking that gonorrhoea was an ordinary thing, and that some day they would see the seriousness of it. He had not, until that night, come upon such a case, and then he was convinced of the truth of the lecturer's remark.

DR. SMITH thought these cases might be more frequent than was generally supposed, though it was rare for one to have the condition confirmed by such an elaborate post mortem examination. Some time ago he reported to the Society two cases of gonorrhoeal rheumatism. From one he removed pus tubes, and was obliged to wait some time before operating, as there was a pronounced heart murmur.

DR. ABBOTT remarked that there was an interesting specimen of Dr. Wyatt Johnston's in the Pathological Museum of McGill University, which he had classed as gonorrhoeal endocarditis, but after it he had placed a question mark, because he was unable to find gonococci in the cellular tissue. This specimen showed an enormous heaping up on the heart valve so that there was a large mass in the right ventricle as well as a very large formation of inflammatory tissue.

DR. LAUTERMAN declared that he had treated a great many cases of that description, and was disposed to agree that the condition was more frequent than given credit for. On looking over his notes he was surprised to find that Dr. Finley's case had possibly more of the complications than any he had ever heard of, pericarditis, infarction, erythema, petechiæ, any of which has been attributed to a systemic infection. It was barely possible that the presence of gonorrhoea might not have been observed in the tract, as search for secretion in