Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

The third regular meeting of the Society was held Friday evening, November 1st, 1907, Dr. Wesley Mills, President, in the Chair.

CONGENITAL HEART DISEASE.

CAMPBELL P. HOWARD, M.D., exhibited a case of congenital heart disease in a Hebrew child, 4 years of age, in which there was a history of cyanosis at birth persisting in a moderate degree to present date. There were also clubbing of the fingers, a rough, somewhat musical systolic murmur and thrill of maximum intensity over the pulmonary cartilage, and some retardation in the physical development. There was no polycythæmia. The various theories of cyanosis in this affection were briefly discussed.

COMPLETE INFARCTION OF THE RENAL CORTEX.

OSKAR KLOTZ, M.D. The specimen, which I wish to bring before the Society this evening, is that of a kidney from a woman twenty-five years old. The case is an interesting one both from the clinical and pathological aspect. The woman had been pregnant, and was delivered some days previous to death. There had been suppression of urine, and the marked symptoms during the latter stages of her pregnancy are referable to the kidney condition, which was found. I should like to ask Dr. Berwick to give a detailed clinical history of the case. At autopsy the extensive anasarca, ascites and hydrothorax were notable. The pericardium, too, contained a fluid, which shortly before death had become infected, giving an acute serofibrinous pericarditis.

The kidney showed two conditions: an old mixed nephritis, which showed a fair amount of glomerular fibrosis; and a recent condition of infarction of the outer half of the cortex. This latter condition is readily seen macroscopically as a yellow rim of necrotic tissue. This border is separated from the rest of the cortex by a hæmorrhagic zone. The medulla is not involved in this necrotic process. You will notice that there are occasional islands of healthy cortex lying within the necrotic border. These, I take it, are areas which receive their blood supply from the capsule.

Microscopic examination shows that the outer zone of the cortex contains only the outlines of the tubules devoid of nuclei. The greater portions are free from any infiltration, but, nevertheless, isolated areas of inflammatory exudate are seen. Some of the small arteries in the cortex contain a hyaline and granular thrombus, and it is to these that we must refer the damage done in the cortex. The main vessels enter-