

apt to think that because the urine contained albumen and casts that the patient was doomed. This was not necessarily the case. Our prognosis should be made rather from the symptoms than from the urine. He thought that although it was quite possible for a large white kidney to become a contracted one, still the classification usually adopted was too useful to be dispensed with.

Dr. Macallum, in reply, objected to the slipshod way in which, at *post mortems*, simply because the capsule peeled off readily, the kidney was declared healthy. Nothing but a microscopical examination could determine that positively. As there is but one kind of inflammation, he failed to see how there could be a classification of kidney disease. Clinically it is impossible to tell anything more than that the inflammation is acute or chronic. An illustrative case was cited in which microscopical diagnosis had been surgical kidney, clinical diagnosis contracted kidney, while the *post mortem* had revealed one surgical, one contracted kidney. Classification might be useful for prognostic purposes, but symptoms were far more so. Dr. Klein had recanted his views. Physiological albuminuria he believed in. The albuminuria consequent upon a cold bath could not be pathological; it must surely be physiological. The mucous cylinder was best recognized under the microscope by the aid of the reflector, or by the use of the aniline dyes.

SURGICAL SECTION.

Thursday afternoon, June 4th.

Dr. A. E. Malloch, of Hamilton, read a paper on

EXCISION OF THE SHOULDER AND ELBOW JOINTS OF THE SAME ARM FOR TRAUMATISM.

This article appears on page 293, in this issue of THE CANADIAN PRACTITIONER.

Dr. Geo. A. Peters, of Toronto, read a paper on

ACUTE NECROSIS OF GROWING BONE.

This title is perhaps the best that has been proposed for this disease, although it has been described under many other names, as acute infective osteo-myelitis, necrosial fever, bone-typhus, etc. It is an exceedingly malignant disease, and its early diagnosis is attended by such

difficulties that Holmes remarks, that it is more frequently recognized at the *post mortem* table than at the bedside.

The symptoms were illustrated by the narration of the history of a typical case. A girl, æt. 9, who had always been delicate, was attacked suddenly with pains in the right knee, which rapidly spread to other joints. Two days later, pain and tenderness were complained of over the lower end of the right femur. At first there was no swelling, but in a short time this thigh was observed to be larger in circumference than the opposite one, and the diagnosis of acute necrosis as a complication of rheumatism was established. Before consent to operation could be obtained, the patient developed double pleurisy and pericarditis, and sank so rapidly that it was decided that operation would be of no avail, and the patient died on the ninth day of the disease. Only a partial *post mortem* could be obtained. On making an incision over the lower end of the femur, pus gushed out as soon as the periosteum was reached. It was found that the periosteum was totally separated from the femur throughout its lower half, the separation, however, stopping abruptly at the epiphyseal cartilage. On making a section of the bone, the cancellous tissue on the shaft side of the epiphysis was found to be acutely inflamed, and separation of the epiphysis from the shaft was in progress.

Through the kindness of Mr. Mackenzie and Dr. Shaw, cultures were made from the pus, and typical colonies of the staphylococcus pyogenes aureus were found. An inoculation of this culture in a white mouse caused death in thirty-six hours, with symptoms of septicæmia, and cultures were again made from the blood of this mouse, and found in a commencing abscess which was forming on the right axilla.

The remarkable virulence of this germ when growing in bone was attributed to the peculiarity of the circulation in such structures, which affords peculiar facility for the lodgment and growth of the virus, and for the entrance of the morbid products into the circulation. The diagnosis from rheumatism, typhoid fever, the eruptive fever, and cellulitis, was dwelt upon; the principal point to be relied upon being the acute pain and tenderness on pressure over the affected part.