

of infection that is attributed to gonococci in that situation, it is hardly fair to define it as sterile pus.

DR. ST. JACQUES:—It is in the chronic salpingitis that the pus is sterile: in the acute form it is very virulent.

DR. SMITH, in reply said:—I have a good deal of faith in the other kidney and I examine it carefully before removing the damaged organ. I think that where a kidney has not been in use for a long time, but is constantly setting up serious conditions, its removal is justified. With regard to the sterility of the pus in the lower region in a case of pyosalpinx, the time comes when the excreta of the gonococci kill the germ. I have myself seen cases of rupture of a pyosalpinx into the abdomen with death whilst other cases recovered; not only gonococci but streptococci may infect the pelvis.

DR. J. ALEX HUGHESON presented a case report of Double Tuberculous, Pyo-nephrosis with Calculus, and Dr. John McCrae showed the specimens, and made some observations upon them. The case is reported at page 265 of this number of the JOURNAL.

DR. ST. JACQUES showed two specimens, which bore upon the previous case. One was a tuberculous kidney. There had been a family history of well marked tuberculosis, though the bacteriologist failed to find the tubercle bacilli. The case was that of a young woman aged 28, who had had three children, the last one 8 weeks previously, the pregnancy having been normal and the child still alive. Four weeks after her confinement she came to her physician and complained of soreness in her left side. She entered the hospital with a temperature of 101, a pulse of 90, very pale and emaciated and on examination the ureter was found swollen and tender. The day previous to operation the temperature was 104 or a little over, and as she was weakening gradually he advised operation. At the operation he found the kidney so diseased throughout that he removed it entirely.

The other specimen was rather a curiosity and was obtained in the dissecting room of Laval University. The patient died of uræmia in the Longue Point Asylum. Only one kidney was found, and it was dilated and nearly cystic, with a stone obstructing the ureter. There was no scar in the lumbar region nor on the abdomen to show that there had been either a laparotomy or operation in the lumbar region which would explain the absence of the other kidney. The kidney was hugely dilated and contained gelatinous fluid limpid and slightly yellow such as one finds in certain cases of ovarian cysts.

DR. I. C. SHARP referring to Dr. Hutchison's case said that the man came under his care about two years ago and during that time he had a number of attacks of pain always referred to the right side. He pas-