

DR. MARTIN: With regard to the renal tuberculosis, a point worth considering is the importance of trying the tuberculin reaction when one is not certain of finding the bacilli in the urine. The smegma bacillus is now, as a rule, easily detected by the proper use of alcohol. So far as the clot is concerned, I think Dr. Hamilton's suggestion is a very reasonable one, because the clot looked as if it were broken off, but there was nothing in the auricles to show the source of it, and the eroded portion referred to was on the inside of the valve, that is, on the aortic surface of the valve, and here one does not usually have vegetations. There was no evidence of an endocarditis on the ventricular surface of these valves, and I do not think therefore that this would likely be the source of this clot. With regard to the coronary arteries and the amount of obstruction necessary to cause death, one would think that this would depend a great deal on the disease in the muscle; if it is healthy, a large obstruction would not be so badly felt, as would even a small obstruction with a diseased muscle.

DR. R. P. CAMPBELL: Reported a Case of Anthrax.

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The sixth regular meeting for session 1904-05 was held in the Society's Rooms on Friday evening, December 16th.

Candidate for resident membership:—Dr. G. D. Robins.

Candidates for temporary membership:—Resident Staff of Hotel Dieu:—Drs. Hamelin, Lebel, Lachance, Cousineau, Desmarais, Meunier, Marcil and Moreau.

Programme:—Discussion on Actinomycosis:—Jas. Bell, M.D.; C. B. Keenan, M.D.; Chas. McEachran, D.V.S.; W. W. Chipman, M.D.; J. G. Adami, M.D.; and W. F. Hamilton, M.D.

A full report of this discussion will appear in the February number.