

more especially from the clinical side. Concerning the pathological question, there are certain points which are not only interesting, but which are of considerable practical importance. First of all, the finding of tubercle bacilli in the urine. That is a rather difficult thing, excepting in cases where they are passed in large numbers. I have frequently examined a dozen slides of pus from the urine, put through the various processes, without finding a single bacillus, and coming upon them in the last slide; at other times it was the 24th and 30th slide which gave positive results. The bacilli, in the first place, are hard to find; secondly, when found, one must examine carefully, as the resemblance of the smegma bacilli to tubercle bacilli must be taken into account. From 1894 to 1896 various *arbeits* appeared in Germany, bringing up again this question, and indicating that frequently these bacilli were taken for the tubercle bacilli. I remember a case of a woman with a stone, where, after a number of examinations, we found what was apparently tubercle bacilli, but it proved to be a case of calculus nephrosis and not tuberculous pyonephrosis, and the bacilli were smegma bacilli. In the male it is not frequent to find the smegma bacilli, as the conditions of securing the specimen are much more sure than in the female. With regard to staining, the ordinary stains are not sufficient. Gabbet's method is entirely inefficient for urinary examinations. We have to reckon that the decolorization by means of acid will not affect the smegma bacillus any more than the tubercle bacillus. It is stated a limit of eight hours should be placed upon the effect of alcohol in decolorizing tubercle in urine; that is, that under eight hours the smegma bacillus may also remain. This is perhaps exaggerated. The important points are the examining of a great many slides of a sedimented centrifugalized urine and the using of a very careful technique in examining.

DR. SMITH: In the Annals of Gynæcology there is a paper on 13,000 operations with 12 deaths from embolism. One of these was embolism of the coronary artery, and the author details the different operations for the different diseases in which this occurs.

DR. MILLS: We know that experimental ligation of both coronary arteries almost invariably puts the heart into fibrillar action or causes it to cease to beat, and in a few seconds usually. In the case of obstruction the chances are that there would not be recovery of the heart when the interference was of some duration. I do not understand, however, that these coronaries were definitely obstructed, nevertheless one can imagine that thrombus being pushed during systole against the opening of the artery, and thus the heart for a time being deprived of its proper nutritive supply, and that this effect being cumulative, might in the weakened subject eventually produce death. The cause of death in this case nevertheless seems somewhat obscure.