

consultation it was decided to remove the kidney. It was removed in the ordinary way by the lumbar incision. The patient died a few hours after the operation from shock.

Dr. Primrose gave the post-mortem report. The kidney was very friable. The tubercles could be plainly seen on the surface. On section of the kidney one could see in the cortex and along the line of the tubules the tubercular process going on. The ureter was markedly fibrotic.

Dr. Bingham said that he had found the presence of blood in the urine a common symptom in these cases.

Dr. Garratt reported a case in which mental excitement would produce hæmorrhages from the kidney. Dr. Anderson had discovered the bacilli in the urine. Dr. Loomis, who had seen the case in 1892, had made a diagnosis of sub-acute Bright's disease.

Dr. Peters said that the thickened ureter remedied one of the thickened vas in tubercular disease of the testes. Dr. Beck had called attention to the symptom of frequent micturition as a marked symptom in tubercular disease of the kidney. An interesting feature in the case reported was the complete absence of any hereditary taint. This went to prove the infectiousness of the disease.

Dr. A. A. Macdonald reported a case in which the only sign was enlargement of the kidney. There was neither blood nor pus in the urine at first. After patient had been examined under chloroform the presence of both was detected. In this case there were no bladder symptoms. Subsequently the kidney was removed. There was no thickening of the ureter. A good recovery followed. In a few cases he had followed there was no hereditary tendency. The cystoscope was useful in enabling one to exclude disease of the bladder. The ureteral catheter might be of service in ascertaining the condition of the kidney.

Dr. Primrose spoke of the importance of using the guaiacum and ether test to ascertain if there was blood in the urine.

Endocarditis and Appendicitis.—Dr. G. Bingham reported the case of a man aged thirty-seven, who was taken suddenly ill after he had partaken of a hearty meal. He suffered great pain in the abdominal region. This was relieved by hot applications. When the patient presented himself to the doctor the temperature was 102°, pulse 120°. The general appearance was bad. The man was ordered to bed. An endocardial murmur could be heard. He suffered from nausea, and was very restless. Dr. Graham, who was called in consultation, advised that cultures be made of the blood. Before report was made death took place. The pneumococcus was found in large numbers in