

with casts and a number of cylindroids in the urine. The kidneys at that time were more involved and possibly the mode of elimination by the kidney of the organism was the means of bringing about that involvement. He had yet to make subsequent examinations of the blood before the patient left the hospital. The urine had not been carefully investigated from a bacteriological standpoint. The discussion concerning the bacteriology of arthritis was interesting, as they had to do with two attacks of arthritis in the right ankle. At the time of reporting the case the patient was in a comparative state of well-being; there was still some fluid in the right chest and dulness at the two bases. They could not define the source of entrance, but it was worth noting that it was not infrequent to find that form of infection with cholecystitis and cholelithiasis. In his case there was no evidence of any such condition from the history, no jaundice, no recurrent attacks of colic, which one might put down as hepatic.

DR. LAFLEUR remarked, that, seeing there was effusion in both sides and subsequent peritoneal effusion, one might think it a case of pleuro-peritoneal tuberculosis, and he emphasized the necessity of bacteriological examination of the blood in all such cases.

DR. HAMILTON replied that tuberculosis had been thought of. This formed one of a series of cases, which Dr. Bruere and he were studying with a view of determining the cells in the effusions of serous sacs. Before a blood examination was made, it had been found that the cells were endothelial and polymorphonuclear as opposed to the lymphocytes in tubercular lesions, and from that it was concluded to be an inflammatory process other than tuberculosis.

DR. BIRKETT showed a living case of tuberculosis of the pharynx, which he said was of considerable interest to the general practitioner and interesting also because of its rarity. A boy, *act.* 15, son of a farmer, came to hospital last November, on account of difficulty in breathing through the nose. On examination of the throat he found the lateral walls of the pharynx infiltrated with two enormous masses on either side; this had the appearance of granulation tissue whose granulations were soft, almost resembling frog-spawn in color and consistency. The surrounding structures and mucous membrane were extremely pale. On examining the naso-pharynx one found the upper surfaces of the soft palate and the lateral walls of the naso-pharynx infiltrated with this same tissue, to such an extent that the boy absolutely could not breathe through the nose. The personal history was negative. The family history showed that three uncles on his father's side and one brother had died of tuberculosis, and the boy himself occupied the room in which the brother had died. The general system was negative; lungs absolutely normal, any secretion from the throat coughed up was abso-