pleen was congested. The pancreas was enlarged and dark in color, almost black.

Dr. Anderson said that the specimen shown showed a typical case of hæmorrhagic pancreatitis with disseminated fat necrosis. In cases of pancreatitis fat necrosis was a common accompaniment. One observer had attributed fat necrosis to disturbance in the normal secretion of the pancreas. Hildebrand, to ascertain the relation between these two conditions, had put a ligature around the splenic end of the pancreas to prevent the escape of the secretion, and found disseminated fat necrosis followed. Afterward he not only put a ligature around the pancreas but also around the vessels so as to prevent the return of the secretion; disseminated fat necrosis followed. Another investigator had injected pancreatin into the peritoneal cavity of animals, and found that fat necrosis followed. Hildebrand had sutured a piece of pancreas to the omentum of a cat and got the same result. He injected trypsin into the peritoneal cavity but found that it did not produce the necrosis. So he had concluded that the necrosis was not the result of the action of the ordinary digestive ferments of the pancreas. Stockton had reported two cases in which there was marked disseminated fat necrosis, where the affection of the pancreas was slight. This observer thought the condition of the pancreas was secondary to the fat necrosis. Osler says that such cases usually occur in alcoholics and that there is no necessary relationship between the two conditions. One case he had reported had been operated on for intestinal obstruction. The patient afterwards recovered. The youngest patient, in whom this condition had been found, was one under the care of Dr. McPhedran—a boy aged nine months, who had died from the disease. The patient had had symptoms of intussusception, and had been operated on for its relief. Post-mortem the pancreatic disease had been noted. Constipation was usually a marked symptom.

Dr. Peters, who had operated on the case last referred to, said he was under the impression diarrhœa was one of the prominent symptoms. The child had suffered intense pain. There was no tumor.

Tubercular Kidney.—Dr. F. Strange reported the history of a case. The patient was a woman aged thirty with a good family history. She had always been in good health, except that for the past three or four years she had suffered from muscular rheumatism to some extent. The only symptom she had was a constant and distressing desire to urinate. The urine showed the presence of a few pus cells, and a corresponding amount of albumin. She failed rapidly. After some weeks an enlargement was noticed in the right renal region. On