

go up beyond the optic nerve into the brain, then back down the sympathetic, and so into the vessels. I, however, simply offer this as a suggestion. One must also remember that although the heart acts involuntarily it is not an involuntary muscle, but striped muscle.

DR. MARTIN read a paper entitled "Some remarks on the value of Urinary Examination in Nephritis."

DR. SHAW: The most important point is the estimation of the specific gravity. One of the first symptoms to be noticed in the auto-intoxication of pregnancy is this falling off in the urine of the total quantity and the total solids. An interesting point is the appearance of albumin from time to time and without apparent cause. Last winter I examined a patient immediately after a hockey match and found albumin in the urine which disappeared three or four days later. Herz advances the theory that in the early stages of intoxication a pathological change takes place in the kidney and we get certain changes in the urine such as diminution in quantity, and then what is supposed by Herz to be paresis of the kidney cells, by the irritation of the poison on the kidney cells. Later, this irritation being continued, leads to degeneration.

DR. MORROW: The facts brought forward with regard to the unreliability of symptoms may be applied to all diseases. We may mistake a case of pneumonia or pleurisy for something else and we must take our signs and check them by the course of influences and symptoms which may be exhibited at the time. No single mode of enquiry will lead us to invariable results.

DR. LAUTERMAN: It has been proved that every case of albuminuria is not necessarily one of nephritis and I think this applies more especially to the first case mentioned by Dr. Martin. The albuminuria of pregnancy, as stated in the discussion of last evening's paper, has been proved by one author at least to be more or less due to thyroid inefficiency which was promptly relieved by the administration of iodothylin. I would also like to have heard something about the freezing point of urine and also with regard to the examination of the epithelium. Prof. Heitzman of New York considers this a very much more reliable way of determining the condition of the kidney and the part involved.

DR. ARMSTRONG: I have found in trying to determine the efficiency of a kidney with a view to operative procedure, that the specific gravity is the best guide, overlooking a small amount of albumin or casts, as such a patient with a good specific gravity may go through a considerable operation well. I think the freezing point practically determines the same thing. Dr. Turner reported 100 cases of the freezing point