

hæmaturia. This pain lasted for years being especially severe during the last two years of patient's life. The pain simulated that of renal colic from calculi.

Dr. Cameron remarked that it was not uncommon to have renal colic from the passage of blood down the ureter.

Dr. Graham showed a brain removed from a patient of Dr. McCollum's with the following history: On Sunday, December 30th, was called to see Mrs. K., in consultation with Dr. McCollum. She was fifty-two years of age, energetic and previously healthy. Had worked hard during her married life. In her first pregnancy twenty-five years ago, she had albuminuria and has since that time noticed a little weakness in the right arm and leg. About seven weeks ago she fell and injured her head and back. From this she rapidly recovered. On the Friday week previous to my seeing her, she suddenly fell and noticed that she had lost the use of her right arm and leg. Dr. McCollum was summoned and on arrival found she had to a great extent recovered the use of her arm and leg. She was very hysterical, and it was thought probable that the paralysis was of that nature. On Saturday, December 22nd, she complained of headache and the paralysis became more pronounced. On Sunday she was lying in bed quite cheerful and conscious. Pulse, 90; temperature, 100°; marked motor paralysis of right arm and leg; sensation slightly blunted; no facial paralysis. January 1st, 1884, she was better; no headache, no fever, cheerful. January 6th, two days previously she had again complained of headache; paralysis of extremities more pronounced; marked paralysis of face; slight loss of memory of words; could not form a sentence. Died January 13th.

Hæmorrhage was supposed to have occurred at the time she first fell. Softening of brain then followed. There were no symptoms until five weeks after the fall. The *post-mortem* showed a clot in the left hemisphere.

Dr. Cameron asked why there should have been a tender spot over the coagulum, or on what ground except a coincidence. Headache is often caused or induced by pachy-meningitis, or meningitis.

Dr. Graham said that a tender spot was well marked, and the *post mortem* showed that it was over the site of the hæmorrhage. It may have been due to pachy-meningitis.

Dr. McPhedran exhibited the larynx and trachea of a child who had died of diphtheritic laryngitis. On examining throat there was nothing to be seen, there was no tonsillitis but dyspnoea was extreme. All of his cases of membranous croup had been diphtheritic.

Dr. Graham mentioned a case in the General Hospital which had died suddenly. The *post mortem* disclosed no cause of death. There had been a recent pleurisy and the heart was hypertrophied without any known cause.

Dr. Cameron had seen this patient in the Hospital, he was then suffering from tonsillitis with œdema. He thought it probable that he may have died of œdema glottidis.

Dr. Graham also exhibited the specimens from a case of pyo-pneumo-thorax. On opening the chest the right side was partially filled with air and bad smelling pus. Lung carnified, pleura thickened, lung cavities not tubercular. Left lung emphysematous, otherwise healthy. The cavities in the right lung he thought were due to emboli, or breaking down of lung tissue from gangrene following pneumonia. An opening existed between the pleura and lung large enough to admit his finger.

Dr. Cameron had had this case under his care in the Hospital for some time. The patient was about fifty years of age, thin and gray, suffered from bronchiectasis or bronchitis. The presence of urinary casts led him to suspect granular kidney and the lung trouble may have followed the kidney disease. The left side was resonant. He had pain in the right side, expectoration, and the breath had the sweetish odour of pyæmia not the fœtid smell of gangrene. The emboli in liver and kidney might have been secondary to the lung trouble.

The Committee appointed to draft a resolution of condolence in regard to the late Dr. Riddell, submitted their resolutions which were adopted and a copy ordered to be conveyed to the family of deceased.

The Committee of the Directory for Nurses submitted their report for the year ending December 31st, 1883. The report showed that forty-nine nurses had registered, 104 nurses had been supplied by the Directory to applicants. The receipts had been \$148.50, and the expenses \$124, leaving a balance on hand of \$24.50.

The Committee considered the Directory had been very successful, but urged upon