

by Cohen, of Philadelphia. This combination was rather hard to make. But it was the only combination of these two drugs according to Rice, one of the revisers of the Pharmacopœia, that could be given together.

Dr. GREIG said that the friction rub did disappear during the effusion. It reappeared during the process of absorption. It was heard during the latter stages as distinctly as at first.

Dr. FOTHERINGHAM said in the last case he had the double rub was heard until the patient had almost recovered. It was heard about half-way between the base and apex, at the left of the sternum.

Dr. TEMPLE said in his case he was a little puzzled about the diagnosis at first, as the patient had slept with the one that had died from diphtheria four or five days previously. He was not sure whether the pericarditis was due to the diphtheria or the rheumatism. He gave salicylate of soda to relieve the pain, and when this was relieved, administered the iodide of iron.

Dr. MACFARLANE asked Dr. Temple if there were symptoms of rheumatic trouble.

Dr. TEMPLE replied that the only symptom was pain in the knee-joint, but there was no swelling or local heat.

**Cystitis or Stone in the Bladder.**—Dr. GREIG then detailed the history of a peculiar bladder case in a boy. He said: "I have not a paper for you, but I think I can give you the points in the case as well without as with one. The case to me is rather interesting, and a little out of the usual line of such cases. About a month ago, a lady brought to my office a boy, complaining that there was a large amount of deposit in his urine on standing for some time. He passed a sample for me, and it was very muddy in color, thick, and very suggestive of pus. The reaction was intensely alkaline. The specific gravity was 1012. On filtering and making the reaction acid, I could not detect any albumen, nor did it give the chemical reaction for pus by the liquor potassa test. However, I could see pus cells under the microscope. There were no casts. The boy was aged 12, not very robust, but appeared to be in good health. He went to school regularly, and was always ready for his meals. There was no constitutional diathesis as far as I could make out. There was no tubercular history on either side. The peculiar feature of the case was that there was no frequency of micturition nor increase in the quantity of urine passed; nor was there any pain. He passed urine four or five times a day. Four years ago, when they were living in Winnipeg, he had symptoms of gravel. He was taken to a surgeon, who sounded him for stone. No stone was discovered. I might say