

Dr. TRENHOLME exhibited a tumour weighing 15 lbs. formed of cysts attached to the uterus by a central mass. The organ itself being about the size of a cocoanut.

Dr. BULLER read a paper on keratotomy.

Dr. FULLER related a case of his own, bearing on the subject of Dr. Buller's paper. A piece of iron had entered the cornea and had lodged in the iris. He made an attempt at removing it, which was unsuccessful, because the anterior chamber became filled with blood. Dr. Proudfoot removed some of the iris with a view of removing the iron with it, but, not finding the iron, he and Dr. Fuller thought it expedient to keep the iridectomy wound open. In a few days the effused blood was absorbed and the iron removed with a small forceps.

Dr. PROUDFOOT said he had seen Dr. Buller's first case twice at the Montreal Dispensary. The patient when first seen had a small central ulcer of the cornea. He applied atropine, warm fomentations and a bandage. The ulcer increased rapidly, and in two days he was sent into Hospital. Dr. Proudfoot had often seen the operation done, and had on several occasions done it himself with the happiest results. He had never observed any tendency towards staphyloma of the cicatrix. Had first operated four years ago. The ulcer was large, and had crept almost all around the cornea. There was intense pain and increase of tension in the globe. Iridectomy was performed and the pain subsided for a day or two but the cornea did not improve as soon as the wound healed. He therefore performed Saemisch's operation and kept the wound open for about ten days. In that space of time, the ulcer in the cornea having closed up, the wound was allowed to heal. The result was most satisfactory, enough of the cornea remaining to form an artificial pupil. He had met with as good a result in three or four other cases. In two of them slight leucoma remained, but in no case was there staphyloma. He believed the proper treatment of ulcer of the cornea was puncture through the centre, whenever perforation threatened. A very fine needle should be used and the aqueous humour be let run off slowly; occasionally the iris might become attached to the edge of the perforation, but the attachment was small, and could always be broken up by the use of atropine.

Dr. HENRY HOWARD, as an old ophthalmic surgeon, said that keratotomy was new to him in the treatment of ulcer. He used to puncture the cornea in hypopion.

Dr. Loverin proposed, and Dr. Proudfoot seconded, a vote of thanks to the reader of the paper.

The meeting then adjourned.

RICHARD MACDONNELL, B.A., M.D.,
Secretary.

MONTREAL, April 5th, 1878.

A regular meeting of the Medico-Chirurgical Society of Montreal was held this evening in the library of the Natural History Society.

The President, Dr. F. W. Campbell, took the chair. There were present: Drs. Shepherd, Henry Howard, Bell, Armstrong, Ross, Loverin, Fenwick, Parks, Proudfoot, Edwards, Nelson and Donald Baynes.

Visitors.—Dr. Black and Mr. Dunbar of Mount Forest.

The minutes of the previous meeting were read and confirmed.

Dr. TRENHOLME read a paper on "Excision of the Uterus" (this paper was published in last number.)

Dr. Ross thought that great credit was due to Dr. Trenholme for bringing forward an unsuccessful case. He asked whether bulging of the upper part of the vagina had been noticed. He looked on the fatal result as being due to hæmorrhage.

Dr. PROUDFOOT mentioned a case of ovarian tumour, where the adhesions were so strong that the operation had to be abandoned.

Dr. TRENHOLME stated that it was quite impossible to diagnose clearly the nature of abdominal tumours, until the peritoneum had been opened. The vagina did not bulge at all.

A vote of thanks to Dr. Trenholme was moved by Dr. Howard, and seconded by Dr. Loverin.

Dr. TRENHOLME related a case of acute hydrocephalus, in which he had punctured the meninges. This case was published in last number.

Dr. F. W. CAMPBELL introduced the question "was chloral a safe remedy always in delirium tremens."

Dr. HENRY HOWARD considers chloral to be dangerous in all cases of delirium where fright is a prominent symptom.

Dr. Ross drew the attention of the Society to