the sympathetic was paralyzed the third nerve was unopposed and the pupil contracted.

Dr. Johnston then showed a specimen of rupture in urethra. The patient had come to the hospital suffering from retention, and the house surgeon had tried in vain to pass a soft catheter, but shortly after there was an escape of urine through a false passage. The introduction of the instrument was promptly followed by a chill and fever, and the patient died within 24 hours. He thought that this was due to septic absortion, with which Dr. Bell agreed.

Dr. Hingston said he had a curious experience with this accident, for which he could not account; namely, that in two cases in which he had passed the lithotrite many times, yet the very same instrument, passed in the very same way, had at last caused chill, fever and death. The late Dr. Campbell had narrated a similar experience. The only explanation he could give was that patients had their good days and bad days, on the latter of which their urethras could not be touched with impunity.

Dr. Shepherd could not agree with the last speaker. He thought in all cases of urethral fever there must be solution of continuity, and absorption of septic material.

Dr. Bell was of the same opinion as Dr. Shepherd, for this accident never occurs after external urethrotomy in which there were a free escape for the urine, etc. While it was very common after internal urethrotomy.

Dr. Bell showed a specimen of stricture of the urethra removed from an old man who came to the hospital suffering from retention, there being dribbling overflow from the bladder. Internal urethrotomy was performed next day, his temperature at the time being 103. The following day it became subnormal, gradually rising again the day after. Vomiting came on, which could not be controlled, and there being complete suppression of urine the patient soon died. At the autopsy there was found just such a condition of things as we might expect, from the fact that he had had difficulty in passing water for seven years; namely, hypertrophy of the bladder and chronic pyelitis of the kidney.

Dr. Bell exhibited another specimen of diseased urinary organs removed from a very old man who had died from tubercular disease of the lungs, but who had come to the hospital with an impacted intra-capsular fracture of the femur. There was tubercular disease of the urethra and a sloughing condition of the mucous membrane of the bladder very much resembling diphtheria.

Dr. Hingston exhibited a diseased femur which he had removed by amputation at the Hotel Dieu from a man who had formerly been a patient at the General Hospital, where he had spent two months last summer under the care of Dr. Fenwick, who had removed several sequestræ. The speaker had also removed several sequestræ, but at last, at the urgent solicitation of the patient, he had amputated. On making a vertical section of the shaft the cavity was seen to be in a state of ulceration or osteo myelitis.

Dr. Shepherd exhibited a vermiform appendix containing a concretion, which he had removed from a patient of Dr. Blackader's, a boy of twelve, who had been suddenly taken ill with symptoms of disease of the appendix. He had found no difficulty in reaching the stinking pus cavity, which he had evacuated and washed out, but unfortunately vomiting had come on during the operation, and the bowels were forced out and became infected, peritonitis rapidly developing and death following in three days.

Dr. Blackader gave the history: The boy was playing hockey on the Friday and was operated on on Monday. It was curious that this was the fourth case of death from appendicitis in that family, while the mother was one of the cases of chronic peritonitis which he had reported some years ago, and who had died under the anæsthetic when about to be operated on. He thought now that hers also was a case of appendicitis. We had treated the boy on the Friday by sulphate of magnesia, which caused three motions without relief. Drs. Ross and Shepherd were called in, who decided to operate on Sunday morning, with the result as stated.

Dr. Armstrong said he had had two cases somewhat similar, the latter being a man 32 years of age, who had suffered from the influenza during convalescence of which peritonitis set in. He had already had several attacks of peritonitis during the previous year and a half. He was treated with salines and enematas, but without causing any movement of the bowels for nine days, when he was operated on. An operation being decided upon, the abdomen was