mittee considered that the present moment was not an opportune one for bringing the matter before the notice of the Provincial Government.

After some discussion it was decided that the committee be requested to prepare a report, and present it at the following meeting of the Society.

*Fibro-Cystic Tumor of the Uterus.*—Dr. SMITH exhibited the specimen. In October, 1893, amputation had been done at the level of the internal os. There had been a local peritonitis some months ago. The operation presented no difficulties. The abdomen was not flushed out after operation, contrary to his usual practice. Two days after the operation acute septicæmia developed, and the patient died the following day. An autopsy showed great distention of the stomach and intestines, and Dr. Smith himself subsequently had a severe septic inflammation beginning in the hair follicles of the back of the hand, although no abrasion could be seen. The lesson of the case was always to flush out the abdomen after operation.

Dr. SHEPHERD said that few surgeons flush out the abdomen now-a-days, and he did not himself consider it necessary.

*Rupture of the kidney.*—Dr. WYATT JOHNSTON showed two specimens of ruptured kidney. One was in a case where an old woman was found dead. There were a few bruises about the head and arms, but no serious external signs of violence. A verdict of manslaughter had been rendered, but the grand jury found a No Bill. It was supposed that the injury was due to the deceased having been maltreated by her son. In the second case the rupture was caused by a beam falling across the loins of the deceased. A diagnosis of ruptured kidney was made during life by Dr Sutherland, as an area of dullness extended to the umbilicus from the right flank, and the urine contained blood. In this case the injured organ was very large, the other kidney being so small that it was not discovered at the autopsy, although the ureter could be traced for some inches from the bladder.

*Operation for Gall Stones.*—Dr. SHEPHERD showed a phial containing over 500 gall stones which he had removed three days before from a woman aged 50. She had suffered for many years, and recently had shown signs of peritonitis. An exploratory incision showed a tense gall bladder, which on puncture contained sour pus and was packed with gall stones, which were removed with a dinner spoon, after protecting the surrounding tissues by packing them with sponges. As the gall bladder could not be brought to the opening, the omentum was stitched to it so as to form a channel for the bile, of which much was passed.

*Case of Epilepsy.*—Dr. E. P. WILLIAMS read a report of this case which occurred in a young man 21 years of age. Father and mother gouty, brothers and sisters healthy. When 2 years old had a convulsive seizure followed by transient left hemiplegia. Following this, slight convulsive seizures occurred about once a week, preceded and followed by mental dullness. At 8 years was for a number of days unable to eat or swallow. At 10 years the attacks were preceded by an aura-like epigastric fullness, and he would fall down. At 18 years the frequency of the fits increased to one or two every third or fourth day. Grasping his wrists would sometimes stop an attack. Nitrite of amyl or ammonia inhalations sometimes had the same result. Bromide treatment was continued from the 10th to the 21st year. In Feb., 1893, he had a moderately severe attack of typhoid, during which and until March 15, one week after the fever subsided, no fits occurred. (No bromide was taken during the fever.) During convalescence he had mild fits, at first frequent, afterwards at long intervals, until August, when the fits reappeared, first severe and infrequent, afterwards milder, and at the rate of 20 per month. The general health and mental condition remain good.

*Discussion.*—Dr. MILLS said that the so-called motor area would soon be regarded as a reflex or sensori-motor area. The fact that the fits could be arrested by seizing the wrist was in favor of this view.

Dr. F. W. CAMPBELL said opinions varied as to what constituted large doses of bromide. He knew a man who had been taking drachm doses three times daily for 25 years with benefit. He thought nitro-glycerine might be of service.

Dr. WILLIAMS, in reply, said that nitro-glycerine had been tried for some years in this case, but had no apparent effect.

*College of Physicians and Surgeons, Quebec.*—Dr. J. H. B ALLAN complained that it was impossible to get a statement of account or a receipt from the College, and that about a year ago the accounts had been sent out in an offensive manner upon post cards.

Dr. F. W. CAMPBELL thought that the irregularities were due to the action of the former secretary.

*Stated Meeting, 15th December, 1893.*

JAMES BELL, M.D., PRESIDENT, IN THE CHAIR.

Dr. A. G. A. Ricard was elected an ordinary member of the Society.

*Tabes without absence of Knee-jerk.*—Dr. FINLEY exhibited a man who had suffered for some years from attacks of vomiting, with extreme pain in epigastrium. He also had severe pains in lower extremities, usually alternating from one side to the other, and pains over forehead and trunk, described as "just like lightning." There was diminution of sexual