

patient's sufferings have only been relieved by hot fomentations and morphia.

The whole of the vitreous has escaped, and the anterior chamber and edges of the incision are filled with lymph.

June 12th. The inflammation is now rapidly subsiding.

June 16th. At the urgent request of the patient (who was anxious to return to his business) I enucleated the eye, and by the 23rd of June he was well enough to attend to his affairs. From this on he made rapid recovery.

On making a transverse section of the globe immediately after its removal, it was found to be filled by thick discolored lymph; a small clot was discovered near the disc, which upon being removed disclosed a rupture of a small branch of the arteria centralis, which was evidently the seat of the hæmorrhage. When examined with a strong glass, a small dilatation of the vessel was found to exist at the point of rupture.

Dr. B. E. Fryer, of Kansas City, has recently published a case of excessive hæmorrhage was from the stump of the iris."

Dr. F. C. Hotz, of Chicago, Ill., has reported two cases, but considers it likely that the hæmorrhage was from behind the vitreous in the choroid or retina, and quotes Dr. Albert Mooren in support of his opinion.

My case differs from those reported by the gentlemen whom I have mentioned in the following points, viz.,

1. The operation was performed without an anæsthetic.

2. The cataract was removed without iridectomy.

3. The hæmorrhage was at no time very profuse, though it lasted for three or four days.

4. The eye was removed on the 11th day after the operation and the hæmorrhage definitely located in the retina.

This is the only case of the kind that has fallen under my observation in an experience of nearly twenty years.

The man was very full-blooded and evidently addicted to the excessive use of stimulants. He was the proprietor of a small hotel.

In all such cases the operation should be made so as to allow the aqueous to flow off as slowly as possible, in order that the equilibrium of the circulation within the eye may not be too rapidly disturbed.

Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, October 19, 1888.

THE PRESIDENT, WILLIAM GARDNER, M.D.,
IN THE CHAIR.

DRS. GEORGE ROSS and F. J. SHEPHERD
reported a case of

PERFORATING APPENDICITIS

in which laparotomy was performed.

DR. ROSS gave the following history of the case: On the 4th inst., first saw the patient in consultation with his attending physician, who had first visited him three days previously. The patient was a healthy lad, aged seventeen. He had always enjoyed good health with the exception of some three or four attacks of so-called colic which had occurred within the past two years. These attacks were all very similar, and consisted of a somewhat sudden pain in the lower part of the abdomen and in the left side, not very severe and always soon relieved by a hot application and a mild anodyne. The attacks were attended by vomiting. The following day a dose of castor oil was given, and then the boy appeared quite well again. He was never away from his work on account of these attacks for more than two days. In the intervals he suffered from no digestive disturbance of any kind, the fecal evacuations being quite normal.

Early in the morning of the first he awoke suffering from violent pain across the belly, chiefly in the middle zone and