packed the wound. On the following day a second hemorrhage occurred. A consultation was held, and the packing carefully removed; at the bottom of the wound was seen the vena cava and some sloughy tissue, which, when pulled away, caused severe hemorrhage. On placing the finger in the wound to stop the bleeding it was found that there was a large opening in the vena cava; plugging was of no avail, and the patient, who was already reduced by frequent losses of blood, died in a few minutes. The fatal result occurred just eleven days after the operation, and Dr. Shepherd did not think that anything further could have been done. The other kidney was probably also affected, as pus remained in the urine after the operation.

*Wound of the Femoral Vein in Hunter's Canal.*—DR. SHEPHERD exhibited a portion of the femoral vein in which was imbedded a piece of metal. The patient had been wounded by a piece of a metal fog signal, which struck him in the thigh; the hemorrhage from the wound was very profuse, but was stopped by pressure and linen packing. He had been taken to the General Hospital, where the house surgeon had stuffed the wound with iodoform gauze. When Dr. Shepherd saw the man, oozing was still going on, so he decided that it was a case for immediate investigation. He quickly cut down, found the sartorius muscle cut across, and blood coming from Hunter's canal, and on examining further, a large wound was seen in the femoral vein. He tied the vein and removed a portion of it, which was found to contain the piece of the metal from the fog signal. The man made a complete recovery, and has had no œdema of the leg.

*Intestinal Obstruction due to a Large Gall-Stone.* DR. JOHNSTON gave notes of the autopsy on a case under the care of Dr. Armstrong. The patient had a large hernia in the abdominal wall, on the right side of the umbilicus, and in which a large portion of bowel was present. A fæcal fistula had existed at one time in the region of the hernia, but was healed at the time of the autopsy. There was no peritonitis, no strangulation of the bowel. The upper part of the small intestines was distended with fluid fæces, while the lower part was collapsed; just where the ileum passed into the hernial sac a large mass could be felt, which proved to be a gall-stone about the size of a walnut, and fascetted. On examining the intestines, a fistulous opening between the head of the gall-bladder and the second portion of the duodenum could be seen; the gall duct was somewhat dilated and contained some small stones, but there was no obstruction in the common duct. The patient had been subject to attacks of colic, and became quite yellow. Four days before death she was seized with vomiting, pain, and enlargement of the hernia; her condition appeared to improve, but she died suddenly.

*New Invention.*—DR. JHONSTON exhibited a centrifugal machine for the very rapid separation of sediments in various fluids. It is of great assistance in examining urine, as the sediment can be obtained within a minute; it also may be used in examination of the blood.

*A Case of Zoster-Ophthalmicus.*—DR. BULLER read the history of this case.

*Discussion.*—Dr. PROUDFOOT had under his care a girl who had herpes on both wrists and a small spot on the cornea. He asked Dr. Buller what his experience was of the use of eserine and pilocarpine, as his own had not been favorable, and he was inclined to the older use of atropine and hot fomentations.

DR. MCCONNELL asked what would be the result to the cornea if the disease was left alone; would it tend to get well without treatment?

DR. SHEPHERD said that he had never seen a case of bilateral herpes. It is a self-limited disease, and would get well of itself.

DR. BULLER, in reply, said that as atropine has anodyne properties, he usually treats such cases with it; but here he had used it so long he thought a change would be beneficial. He would never use eserine while he had pilocarpine. It is quite possible if the disease was left alone it would recover in time, and, as it is only superficial, would result in a perfect cure. It is one of the most obstinate forms of inflamation of the eye.

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An extraordinary meeting of the Society was held on Wednesday, September 7th, Dr. Buller, the President, being in the chair. The meeting had been called on receipt of the following:—

HEALTH DEPARTMENT,
CITY HALL, MONTREAL, Aug. 30th, 1892.

*To* F. BULLER, ESQ., M.D.,
*President Medico-Chirurgical Society.*

SIR,—I am instructed to inform you that, in view of the danger that Asiatic cholera may reach our shores, the Board of Health are endeavoring to put in operation every possible measure for the protection of the city; and that they would therefore be happy to receive any suggestion your Society may be pleased to offer respecting the prevention of cholera.

I have the honor to be,
Your obedient servant,
J. IGNATIUS FLYNN, SECRETARY.

After considerable discussion, it was moved by Dr. Jas. Bell, seconded by Dr. Shepherd, and unanimously adopted, that the above letter be replied to by the following resolution:—

"That this Society, recognizing the great danger to the lives of the citizens as well as to the commerce of the country from the introduction of Asiatic cholera which is now threatened, deplores the fact that the city of Montreal, with its adjoining suburbs, is at present wholly unprepared to cope with cholera or other epidemic disease. This Society regrets that an important recommendation which it made to the City Council through a depu-