showed itself. Ten-grain doses of the iodide of potassium caused considerable irregularity of the blood-flow, nor were any of the small arteries white in outline, which sometimes occurs from lymph stasis following in their course. The patient was admitted as an in-patient for further observation. It was then discovered that he suffered from terrible cerebral neuralgia, which occurred in paroxysms after retiring to rest. Here, again, syphilis was suspected, and his case was followed by sympathetic ophthalmia and loss of sight. He attributes this result either to traction upon the ciliary nerves in the cicatrix, or to laceration of one of them by one of the needles used to transfuse the eye. In order to set aside these dangers, and at the same time to obtain a stump well calculated to carry an artificial eye, he has devised a plan of operating which is described. It consists of uniting the tendons of the recti muscles by catgut sutures, and then closing the conjunctival wound over them, no sutures being passed through the ocular tunics themselves. A patient who had been operated upon in this manner was exhibited to the Society.

Mr. Higgins stated the usual plan at Guy's Hospital was to cut out the anterior portion of the eyeball, and then bring the conjunctival edge together; and they found this a better plan.

Mr. Brudenell Carter had had no experience of this, and did not think it would give so good a stump as that formed by the tendons, &c.

RECENT EXPERIENCE OF CHOLERA IN INDIA.

BY JAS. MACKAY CUNINGHAM, M.D., SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA.

After some introductory observations on the importance of the cholera question, especially at the present time, Dr. Cunningham proceeded to remark on the special opportunities afforded by India for the study of cholera, and the great value of the information to be obtained there. He then entered into an examination of the evidence derived from the history of the epidemic of 1872 in Northern India. Two great points had to be determined—first, the influence of human intercourse in spreading the disease; and, secondly, the practical measures to be adopted for protection.

1. The evidence as regards human intercourse was considered with reference to the geographical distribution of cholera in India; the great areas of prevalence and exemption; the experience of the same tract in different epidemics; the endemic area, the seasonal and periodic rise and fall of cholera within this area; and the singular immunity of certain places. Further, with reference to this question, Dr. Cunningham dwelt upon the detailed evidence afforded by the history of 100 outbreaks in 1872. There was an entire absence of all evidence of communication of the disease, and the previous considerations were fatal, Dr. Cunningham believed, to this doctrine. The epidemic was not propagated along highways of communication, and did not travel any quicker in these days of railways than it did in olden times. Singular evidence against the contagiousness of cholera is afforded by the history of 100 outbreaks in 1872.