

through a flame. The staining was effected by placing a drop of carbol. fuchsin solution (magenta, 1 gramme; alcohol, 10 c.cm.; 5 per cent. carbolic lotion—90) upon the smeared side of the cover-glass and holding it in a small flame till bubbles rise, allowing it to boil gently for half a minute or less. After spilling off the excess of staining fluid, the cover-glass was immersed in acid methylene blue (methylene blue 2 grammes, 25 per cent. by volume; sulphuric acid 100 cc.), and allowed to remain there for one minute. It was then examined directly in water, or could be dried and mounted in balsam if desired. In most cases this examination could be made in less than five minutes.

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*Stated Meeting, February 6th, 1891.*

F. J. SHEPHERD, M.D., PRESIDENT, IN THE CHAIR.

*Hæmatoma of the Ovary.*—DR. T. J. ALLOWAY exhibited two interesting specimens of hæmatoma of the ovary. In one ovary, the larger of the two, a cavity existed in the oöphoron portion of the ovary which contained about three drachms of dark, tarry blood. This cyst ruptured on the ovary being brought to the surface for ligature. In the second specimen the cavity of the ovary contained a hard, dried, coffee-colored blood-clot about the size of a marble. Dr. Alloway said that the ladies from whom these ovaries had been removed were young women between the ages of 25 and 30, one married and the mother of one child. They were chronic invalids, and had been so for some years. The first case was operated on ten months ago; she was now in robust health and acting in the capacity of trained nurse. The other case had been but recently operated upon, and was improving. He said that he had now exhibited three cases of this rare pathological condition before the Society. He thought the condition more common than was generally supposed. The symptoms were the same as those seen in hyperæmia of the ovary and chronic ovaritis unless rupture takes place, when alarming shock and collapse will follow, according to the amount of blood lost. He had no doubt that follicular hemorrhage was a frequent cause of intra-peritoneal hæmatocele. It was due to