

Dr. Primrose pointed out that the deposit of fat, if due to local degenerative changes, would have been more diffuse.

Dr. Caven then presented a specimen and photographs, showing tubercular cavities in a human lung, with exposed vessels traversing it, some of which exhibited aneurismal dilatations. He pointed to this as a frequent source of hæmorrhage in phthisis. Also a second fresh specimen, showing bronchiectases, associated with abscess of the brain. Dr. Graham supplied the clinical history. The case will be reported in full later.

Dr. Anderson submitted a microscopic specimen of colloid matter removed from the uterus by curetting. Six months ago, a large amount of colloid material had been obtained, and a similar large amount recently. Between the two curettings a thin colloid discharge had been constant. He considered the case one of colloid carcinoma, and referred to the glandular polypoid growth described by Thomas and Munde as springing from the cervix.

Dr. Barnhart's specimens were not ready. Dr. Barnhart referred to the ataxic symptoms presented by young puppies before their eyes were open, and stated that he had found the cord in such cases not fully developed. He proposed to present a complete account of the histological features later.

Dr. Cameron's specimens were presented in his absence by Dr. Primrose. They consisted of an ovarian cystoma removed from the right side and an ovarian papilloma from the left side of the same patient, a married woman of about 46 years, who had borne two children. A tumor had first been observed on the right side in September last about the size of a goose egg. The cystoma was adherent by soft, easily broken adhesions to the anterior abdominal wall at all points of contact and to the great omentum, necessitating ablation of a portion of the latter on account of hæmorrhage. The surface of the cyst was soft and friable, giving way under forcipressure, the pedicle breaking spontaneously when subjected to the weight of the cyst wall. The papilloma occupied Douglas' cul-de-sac, and was non-adherent.

Dr. Caven thought the cystoma probably sarcomatous in origin. Sections will be presented later.

Dr. Hill presented gross and microscopic specimens of caseous matter found in urine on two occasions from the same patient. On each examination the urine was clear, acid in reaction, and quite free from albumin, pus, or blood. The particles found were whitish or yellowish, soft and cheesy, varied from the size of a pin's head downward, sank quickly in the urine after being shaken up, and were insoluble in acetic acid. Under the microscope they presented a granular appearance, and at intervals crystals resembling those of neutral calcium phosphate, conical in outline, and sometimes arranged in rosettes. The bacillus tuberculosis was