unfavorable, the tendency being in all forms to total loss of sight.

The treatment is not satisfactory, as it rarely results in perfect recovery. The operation of iridectomy may be done in all forms and at all stages, but gives the best results in acute and subacute cases. Sclerotomy is better in cases of simple glaucoma, as it does not disfigure the eye to so great an extent.

Eserine is a valuable drug for lessening the tension. The general health should be attended to, violence and excitement should be avoided, and the digestive tract kept open. Atropia should on no account be used, as it increases intra-ocular tension.

Dr. Burnham, Toronto, thinks that the primary glaucoma is of most interest to the general practitioner, as the secondary affection soon drives the patient to the specialist on account of the severe pain.

Primary glaucoma may be divided into the acute and chronic. The acute usually commences with well-marked symptoms and great severity. It simulates an exceedingly acute bilious attack. The headache is very great, and serves to divert the attention of the patient from his eye, so that he may become quite blind before he is aware that there is anything the matter with the eye. The disease may escape the attention of the practitioner from the same cause.

If not attended to early it will be necessary to remove the eye. The chronic form presents another danger. It simulates cataract, and as dimness of vision, without pain, is what is complained of, the patient may be advised to await the "ripening" of the cataract, so that when he comes to the specialist the sight is usually already gone.

Dr. Palmer, Toronto, recommends a hypodermic of morphia to relieve the severe pain that is sometimes present. Iridectomy in preference to sclerotomy is the operation to be performed in most cases.

Dr. R. A. Reeve, Toronto, considered the secondary or consecutive glaucoma as of more importance to the general practitioner than the primary, owing to the rarity of the latter. Eyes may be lost from a glaucoma secondary to an ulceration of the cornea, or an interstitial syphilitic keratitis. Perforation of the cornea with prolapse of the iris, and subluxation of the lens, are frequently followed by the hard globe of glaucoma. Acute glaucoma may be detected by the hardness to touch, the dilated pupil, and the limitation of the field of vision on the nasal side. The development of glaucoma in ulceration of the cornea in infants should be watched for. Eserine is the sheet-anchor in the treatment, acting by relieving tension.

Evening Session.

Dr. Skene, Brooklyn, N.Y., read a paper on

INTRA-LIGAMENTOUS OVARIAN CYSTOMA.

This term embraces only those cysts which are developed from the ovary and situated completely within the folds of the broad ligament, being thus neither pedunculated nor provided with a sessile attachment, but surrounded by a capsule formed from both folds of the broad ligament. These cysts are developed either from the parovarium or from the ovary—generally perhaps from the paroophoron.

The cysts so situated are comparatively rare, and two theories have been advanced to explain their unusual position. The first assumes that the ovary itself is placed between the folds of the broad ligament from developmental error. The second theory is that the cystoma burrows during its growth into the ligament. In order that this may come about, it is necessary that the ovary, by a special formation, be closely attached to the ligament, or fixed there by inflammatory adhesions. The latter view is supported by some observations in the author's cases. They are generally mono-cysts, though some are multiple. There may also be proliferating or papillary cysts—a fact accounted for by Bland Sutton by their development from the deeper structures of the ovary—the paroophoron.

The position of the cysts with reference to the other pelvic organs is of interest. They may be in one ligament, displacing the uterus and bladder to the opposite side of the pelvis, or they may occupy a position in both ligaments, between the uterus and the bladder, which are in these cases carried by the tumor high up out of the pelvis, so that the most dependent portion could not be easily reached through the vagina.

Again, the tumor may be behind the uterus and yet within the folds of both ligaments. In this case the pelvic organs are carried out of the