

of pure fatty tissue. If this tumour does not contain adrenal tissue, of course the term is a misnomer, but I think the term lipoma is equally so. It is true it is fatty tissue, but that is regarding it only from a tissue point of view, and it has nothing in common with the lipomata we see elsewhere. In the other case the diagnosis was an adenoma, and yet in its history and gross morbid appearances it is indistinguishable from this tumour, and I think that this term is equally a misnomer.

The important fact, however, is that we now recognize clinically a group of tumours of the kidney which have certain characters in common, and for which we have no generally accepted name, except that the names "Grawitz's tumour" and hypernephroma are coming into more general use by surgeons in designating such tumours. And moreover it seems to me that we may perhaps extend this class in two directions, so as to include, first, those cases of hæmaturia, which, even after an exploratory operation, cannot be explained—the explanation probably being that they are due to small hypernephromata, in which development is arrested, and which never reach the stages of a tumour formation; and, second, at the other end of the list, some of those large chronic cysts of the kidney, which are generally diagnosed as chronic hydronephrosis, and in which, even after operation, we find no evidence of obstruction in the ureter and none of the essential characters of urine in the cyst contents.

Geo. H. Mathewson, M.D., presented a living case showing spontaneous dislocation of a cataract. Dr. Mathewson pointed out that spontaneous dislocation of the lens was not of common occurrence, and, naturally, it was still more unusual to see this accident in a lens which was the seat of cataractous changes. On August 4th, 1904, the patient consulted Dr. Mathewson at the Ear and Eye Clinic of the Western Hospital in the hope that he might have some operation performed to improve his eyesight. It was found on examination that the right eye was quite blind. The left eye showed a cataract of brownish colour, while the pupil was widely dilated and the anterior chamber unusually deep. Patient could see "finger moving" in front of left eye, but was unable to count fingers so held. He volunteered the information that he had not seen well with the left eye for many years. Projection of light was fairly good.

While the case did not promise a brilliant result, it was decided to yield to the patient's request, and remove the cataract. It was first necessary, however, to cure a severe chronic conjunctivitis which was present, and would have rendered any operation on the eyeball very hazardous. Suitable treatment was therefore prescribed, and the patient was told to report in two weeks' time.

On August 18th the conjunctival disease was found to be very much