power. No ataxia, but slight muscular weakness. The knee reflexes were exaggerated on both sides. The pupils were slightly uneven, and showed Argyle Robertson reaction. There was no mental disturbance.

Dr. JAS. BELL thought that the cord area involved could not be that usually affected. Was it right to speak of the disease as ataxia where none existed? A patient who came to him recently, under the impression that he was suffering from stone in the bladder, presented all the symptoms of tabes.

DR. FINLEY in reply said the disease was probably in the pre-ataxic stage. The Argyle Robertson pupils and lightning pains made it difficult to arrive at any other diagnosis. There was no history of syphilis obtainable.

Congenital Polypoid growth of Conjunctiva.—Drs. BULLER and ADAMI. The specimen was taken from the ocular conjunctiva of the left eyeball in a child 3 months old, and had existed since birth. These growths occur either as low white circular swellings invading the corneal margin, or as an irregular mass, springing from the sclerotic between the cornea and the outer canthus. The present growth apparently was of the latter, or scleral, variety. Its attachment to the eyeball was by means of a thick expansion extending slightly into the cornea. The growth was removed with as little disturbance as possible of the surrounding tissue. When the patient was removed a few days later, the eye had a satisfactory appearance. The specimen showed under the microscope a well formed epithelium, with corium and subcutaneous tissue. This tissue was loose in the centre and showed a cystic space. The epithelium showed spiral and coiled glands, resembling sweat glands, rather than those of conjunctiva. The subcutaneous tissue showed well formed vessels, with fibrous tissue and what appeared to be degenerated muscle fibres. It corresponded therefore rather with the tissues of the outer surface of the eyelid than the conjunctiva, but was of too simple a nature to be classed as a true dermoid.

Discussion.—DR. PROUDFOOT said tumors of this kind were commonly attached to the margin of the cornea. Recently in a case treated for some time by the family physician for conjunctivitis he had found a polypus lying beneath the eyelid. Polypi sometimes followed injury in operation of the conjunctiva.

Small pedunculated polyp from the left tonsil.—Drs. BIRKETT and ADAMI. The tumor was taken from a child 4 months old, and was exhibited owing to the rarity of tonsillar tumors. It was about the size of a pea, and consisted microscopically of a superficial layer of flattened epithelium with subepithelial connective tissue, beneath which were a series of glandular alveoli, separated by fibrous septa. The gland tissue is that of typical mucous glands, and shows no adenomatous over-growth. No excretory ducts were made out. This class of tumor had been frequently described in the soft palate. Growths of the tonsil of any kind were rare, lymphoid fibrous, myomatous, myxomatous or fatty being the usual forms. Epithelioma was more frequent than sarcoma. The present growth was benign.

Mixed Carcinoma and Sarcoma of the Peritoneum.—Dr. ADAMI showed the specimen from a man who died of peritonitis. At the autopsy an enormously enlarged omentum was found. The mesentery was also involved, but the intestinal tube seemed unaffected except that the coils were matted from inflammation. The diaphragm was thickened and infiltrated with new growth, which had extended to the pleural surface, and set up a severe pleurisy. The pleural cavities contained 9 pints of yellow fluid. Pericardium and lungs free. Death was apparently due to pressure on the heart. Microscopical examination showed the growth to be sarcomatous for the most part, but in places there were definite fibrous alveoli, containing solid masses of epithelial cells—in other words, typical scirrhus cancer. There was therefore a combination of cancer and sarcoma. The man was not emaciated, and had almost no disturbance of health up to the time of the acute peritonitis and pleurisy, which caused his death.

Dr. JAS. BELL gave the following history.—On 12th Oct., 1893, the man was suddenly taken at night with severe abdominal pain. One week later he was admitted to the General Hospital, and a diagnosis of acute peritonitis made. Some evidence of an abdominal growth caused his transfer to the surgical ward, where an exploratory abdominal incision was made; but, as the case was unsuitable for operation, the wound was closed. The patient died the next day. Dr. Bell thought the sarcomatous-looking tissue referred to might possibly be an early embryonic stage of the fibrous tissue of the cancer's stroma.

Dr. ADAMI in reply said that conditions of carcinoma sarcomatodes were described by pathologists, when the stroma was sarcomatous and the alveolar contents epithelial. In the present case there was no primary growth in any organ where epithelium would normally exist.

Dr. FINLEY said there was a history of a small growth having been thrice removed from the inside of the nose in the present case.

Dr. JAS. BELL.—That point had been investigated in hospital, but it appeared that the nose was only touched with caustic.

Double Hydronephrosis.—Dr. C. F. MARTIN exhibited the kidneys and bladder of a man who entered hospital with symptoms of chronic renal disease, and died two months later with uræmic coma. There was moderate double