tured and cut before it could be released. It was then attached to the anterior abdominal wall. Both ovaries and tubes were removed.

Dr. Alloway, commenting on the specimen, said it was chiefly of interest as showing so clearly the cause and manner of the collection of fluid in a tube, as was the condition here, the initial point being the cementing of the abdominal end of the tube by a process of inversion of the fimbriæ. This inversion and cementing was most beautifully demonstrated in the present specimen, and he had never seen one where this pathological truth was so perfectly exhibited.

Dr. Adami had found bacilli in the specimens submitted to him, but not tubercle bacilli. They were both shorter and more stubby than the latter. The condition was purely one of chronic inflammation, but it showed that curious proliferation of the lining membranes of the tubes (forming various folds, and a fusion of these folds so as to look like a cancerous condition), which is the result of long standing chronic congestion and consequent overgrowth of the parts.

An Intra-ocular Tumor—Scopalamine as a Mydriatic.—Dr. BULLER presented an ordinary intra-ocular sarcoma growing from the choroid, pigmented as usual, and nearly filling the scleral cavity. So far as the growth itself was concerned, he did not know that it presented any points of special interest, but merely brought it to notice as an illustration of the diagnostic difficulties which these intra ocular growths sometimes offered, difficulties which are rather augmented than diminished by the patient's version of his troubles. The eye was removed a few days before from an old man of 75 years, who stated positively that he had never found anything wrong with the eye until about the middle of last April, when he suffered a slight injury from a piece of brushwood. After this the eye was sore for a few days, but apparently recovered perfectly. Some three or four weeks later he noticed it had become blind. The blindness continued without pain or inconvenience till about four weeks ago, when without assignable cause the eye became inflamed and intensely painful. The pain was that of a periorbital neuralgia, as well as in the eyeball, and did not yield in the least to any palliative treatment suggested by friends or prescribed by his physician.

On examining the eye it presented a moderate degree of pericorneal congestion, resembling that of subacute glaucoma. The intra-ocular tension was only slightly increased, the cornea being perfectly clear and bright. The iris appeared somewhat thickened, and presented visible blood vessels in considerable numbers. The pupil could not be dilated in the least by atropine or scopalamine; nevertheless, he was able to make out with the ophthalmoscope a small portion of one retinal blood vessel on a yellowish surface close behind the lens, and inferred from this a total detachment of the retina. This, together with the fact that the pain was out of all proportion to the inflammatory phenomena, the loss of vision complete and the tension somewhat increased, rendered the diagnosis of intra-ocula sarcoma extremely probable, notwithstanding the patient's statements in regard to the comparatively recent origin of the blindness. Dr. Buller stated that it was likely that the growth was of much older date than last spring; two or three years at least must have elapsed since it commenced, and no doubt the blindness, more or less complete, existed long before the injury, but was unnoticed by him until particular attention was called to the condition of the eye at that time. There was one other point of interest about this case. Finding that the pupil would not dilate with atropine, he used the new and stronger mydriatic scopalamine. Two drops of a four grain solution were used in the morning, at an interval of about an hour, and caused some vertigo, but a third drop about 5 p.m. was followed by mental hallucinations and a sort of stupor which lasted for several hours. The patient was inclined to be garrulous, but talked incoherently, and did not seem able to recognize anyone about him; there was also almost complete loss of co-ordination of ordinary muscular movements, the face was somewhat flushed but of a good color, both respiration and pulse were about normal, and after a night's sleep he awoke the next morning in his usual health.

In this case the toxic effect of the scopalamine was very marked, but apparently not of a dangerous character.

The Pulse and Respiration during Ether Anæsthesia with Clover's Inhaler.—Dr. GORDON CAMPBELL read a paper with the above title, and showed a number of charts which had been prepared by Drs. Cameron, Brown and himself from notes taken during anæsthesia. The normal or usual effect was shown to be a very considerable quickening of both pulse and respiration at the outset, then gradual slowing of the pulse down to the normal rate, but continued rapid respiration while the anæsthesia lasted, so that the pulse-respiration ratio was altered. The rate of the breathing was still further increased reflexly by certain manipulations on the part of the operator. These were: stretching the sphincter ani and working with the mucosa of the rectum, sometimes stretching the perineum, rough handling of the peritoneum, especially breaking down adhesions and working with the ovaries and testes. The pulse rate was increased by hæmorrhage, and both pulse and respirations by an overdose of ether. This latter observation had been worked out experimentally. The practical points were to