

**Foetal Eversionation.**

Dr. W. W. ALEXANDER shows a specimen of this monstrosity; the report of which will be published next month.

Dr. A. L. de MARTIGNY asked if the missing portion of the leg had been found. The appearance of the stump suggested amputation by the cord.

Dr. ALEXANDER answered that he had not found it.

*Stated Meeting, February 21st, 1896.*

A. D. BLACKADER, M.D., PRESIDENT, IN THE CHAIR.

**Extra-Uterine Foetation—Dermoid Cyst.**

Dr. WYATT JOHNSTON showed for Dr. Alloway the following specimens:

1. An extra-uterine foetation sac the size of an egg with a thick wall showing numerous adhesions; the embryo was not present, but chorionic villi were found.

2. A case of extra-uterine foetation, in which the embryo was in good preservation; the date was about the second month of gestation.

3. A dermoid cyst showing teeth, hair, and possibly a rudimentary mamma.

Dr. Johnston called attention to the fact that the presence of a mamma within a dermoid cyst was consistent with the morphological theory that the mamma was merely a modified sebaceous gland, being derived from the ectoblast.

Dr. T. JOHNSTON-ALLOWAY, referring to the last case of ectopic pregnancy shown by Dr. Johnston, said it was an extremely interesting case, on which he had operated the same day. The patient, a woman who had been a widow for six years, had married again last year and had missed two periods. Six weeks previously she suffered severe abdominal pain, and losing consciousness fell upon the floor. The family physician was sent for and found abdominal tenderness and Douglas' pouch filled with a fluctuating mass, so the patient was put to bed and kept there until she was able to travel. On entering the hospital her pulse was between 130 and 140 and she was extremely anæmic. Examination revealed a mass in the right iliac region running up across the abdomen to the hypogastric region. There was moderate tenderness. It was not thought necessary to operate the same night, so stimulants were given freely. On advice of the anæsthetist, at the operation, as the heart began to fail, she was not put in the Trendelenberg position. On opening the abdomen the omentum was found adherent to the tumour, which seemed to be firmly