

chamber of the eye. The smaller lobe was situated somewhat posteriorly and made up the remaining fifth of the tumour, being partially separated from it by a shallow groove. The upper two-thirds of the eye were perfectly healthy, the retina and optic nerve not being implicated.

Prognosis.—Knapp, in his book on "Intra Ocular Tumours," describes eight cases of melano-sarcoma of the choroid, four of which were cured by enucleation. The remaining four died of other affections. He states that if the tumour is still confined to the eye, and the optic nerve unaffected, the chances are rather in favor of a complete recovery after the operation. I am therefore inclined to give a favourable prognosis in this case. The patient returned home on the fourth day after the operation, doing well.

My friend, Dr. William Osler, has kindly undertaken the examination of the minute structure of the tumour, and has likewise prepared a number of microscopic slides, which are here exhibited :

Histological Characters of the Tumour. By WM. OSLER, M.D., L.R.C.P., London, Prof. Institutes of Medicine McGill University.

Portions taken from the superficial regions of the tumour, and teased in $\frac{3}{4}$ oz. salt solution, presented a great solution of cells, almost all of which were rounded, very variable in size, and characterized by the presence of large vesicular nuclei and small clear nucleoli. With regard to size, three grades could be easily distinguished : 1st, small round cells, about the size of the white blood corpuscle, or, perhaps, a little larger, with well-defined nuclei ; comparatively few of these contained any pigment. 2nd, cells from two to three times the size of white blood corpuscles, much more uniformly pigmented than the former, with very large nuclei, and finely granular protoplasm. 3rd, very much larger elements—five or six times the size of colourless blood corpuscles, containing