Microscopic sections were prepared from various portions of the mass. Those taken from the capsule and peripheral portions of the tumour, show a fairly dense fibrous tissue containing abundant blood pigment in crystals and amorphous granules, and a moderate degree of small round celled infiltration. The innermost portions showed a small number of epithelial cells arranged in an irregular manner amid the fibrous framework. Sections through the more friable portions of the growth revealed a tissue consisting almost entirely of epithelium and fibrous tissue. The epithelial cells were in parts arranged as glandular structures such as are seen in a multilocular ovarian cyst, but for the most part all trace of glandular arrangement was lost, and the irregular luxuriant growth of epithelial cells amid the stroma gave all the characteristic features of an adeno-carcimona.

There was in addition abundant necrosis and a large amount of hæmatoidin. The tube was normal.

Pathological diagnosis. Adeno-carcimona of the right ovary. Cystic left ovary.

Pelvic Hæmatoma Associated with Tuberculosis of the Fallopion Tube.—Mrs. L. J., age 34 years, came to the out-patient department of the Royal Victoria Hospital on August 14th, 1896, complaining of profuse discharges of blood per vaginam, pains in lower portion of abdomen and back, and tenderness in the hypogastric and right inguinal regions. Until the present illness patient has always enjoyed good health. The family history is phthisical. She has had eight children, but no miscarriage; labours all normal. Recoveries favourable. The last child April 11th, 1895. Menstruation was due on the 1st of July, but did not appear till the 4th, continuing till the 14th, when it ceased, and the patient began immediately to have hypogastric pain which continued till the next menstrual period. Since then she has had attacks of flooding with severe pain in the intervals. On July 30th she passed a large clot from the vagina.

Examination.—Abdominal wall tolerably fat, flabby and somewhat pendulous, striæ well marked, marked pigmentation from umbilicus to pubes. Tenderness in hypogastric, right inguinal and iliac regions. No descent of either kidney, no tumour or mass to be felt.

Per Vaginam.—Skene's glands inflamed, a purulent looking discharge can be squeezed from their orifices. Vaginal orifice torn and much relaxed, no evidence of disease of vulgo-vaginal glands. Descent of vaginal walls. Cervix bulky, thickened, firm and patulous, a bloody mucous discharge escaping. Uterus retroverted, its mobility diminished. To the right and behind the uterus an elastic, exceedingly