Mr. Wilson said: The patient from whom this eyeball was removed was a man, aged seventy-seven, who states that, about fifteen months ago, he experienced some uneasiness in his left eye, accompanied with flashes of light and pain, and that, about a year ago, his vision in that eye became totally extinguished. Some six or seven months ago the eye began to protrude between the eyelids, and became staphylomatous. The staphyloma was abscised, and the eye-ball began to bleed. Shortly afterwards a black mass protruded through the aperture which had been made, and, after a short time fell away, and the eyeball again bled. He finally came to me this week with a black, fungus-like mass protruding between the eyelids, and with the upper eyelashes adherent to it. It was constantly secreting matter and oozing blood, and he had also great pain extending over the whole side of the head. The diagnosis at once became clear that it was a so-called melanotic tumour. Owing to the continuous hemicranial pain which it produced, loss of sleep, as well as to the hemorrhage and constant secretion, and great annoyance, I decided to remove the tumour. Accordingly, I removed the entire eyeball on Wednesday last. On making a section of the eyeball and protruding tumour, we found nothing left inside the sclerotic but a dark, black mass, without any trace of retina, lens, iris, or any other structure. The cornea in front is completely gone, with the exception of a small ring, where it is attached to the sclerotic coat. On a microscopic examination the tumour evinced itself to be one of small spindle-celled pigmented sarcoma, so common in eyeballs, and which springs from the choroid. It is a good example of this, and differs very materially both in its common appearance and its microscopic characters from the growth called glioma, which occurs in the eye more frequently in early than in adult life. Sarcoma of the choroid is in itself a perfectly painless disease, so long as it is confined to the back part of the eyeball. When, however, it encroaches on the ciliary region, it causes great pain; and in the present instance, notwithstanding the eyeball being open in front, the tumour pressed upon the ciliary nerves on all sides, and thus gave rise to the hemicranial pain. This tumour having existed for fifteen months, the probability is that at his time of life, it will recur in some other organ, or in the orbit. — December 4, 1875.

Morbus Coxae.—Dr. Bennett said: This specimen illustrates some
points of interest in relation to this very common disease—*morbus coxae*. The patient from whose body I removed it was twenty-seven years of age. He had suffered for nearly two years previous to his admission to Sir P. Dun's Hospital from symptoms of *morbus coxae*. He was admitted on May 11, 1874. It was not very easy to determine the exact mode of the commencement of the disease, but he attributed it himself to an attack of acute rheumatism. When he first came under observation the disease had already reached the stage of abscess, there being an indistinct but still sufficiently definite feeling of an abscess indicated by a deep-seated, fluctuating tumour on the outside of the thigh. He had been for two years ill, on and off, and his symptoms were gradually increasing. There was nothing specially to be noticed in the phenomena of the disease as it presented itself on his admission. Its features were well marked, and easily made out. He presented the usual starting, which is supposed to indicate ulceration of the articular cartilage. The limb was fixed by involuntary action of the muscles, was advanced upon the pelvis, and was excessively sensitive to any motion, particularly to any attempt at abduction. The treatment was conducted in the ordinary way. Permanent extension was kept up by weight and pulley. After a while the limb assumed a better position; and after the patient had remained in hospital for some months, he had slowly improved, so far as to be free from pain, and to a great degree free of hectic fever. Still there existed the one marked symptom—abscess; and this abscess, for some time at all events—more than two or three months—increased in dimensions. This symptom yielded at last, and improvement as regards the other symptoms was established. The man left the hospital at the end of four months. He left at the approach of last spring, with the view of moving into more healthy air at Sandymount, and so attempting to complete his recovery. Towards the end of March, 1875, however, he was re-admitted into the hospital, suffering from an aggravation of all his symptoms. The spasmodic action of the limb and the hectic fever, both of which had entirely ceased before he went out, had returned, and the abscess, which had diminished much in size, was much larger than it was when he left the hospital. So that, whether from indiscretion in moving about, or the change of residence, or from the natural course of events—we cannot say which of the three—the disease had progressed since his change to the seaside. The case progressed slowly from this to a fatal issue, the abscess increasing until it attained a great size. A distressing phenomenon associated with the disease complicated the case. The man suffered from cardiac disease, I do not know of what form exactly; suffice it to say that he had irregular cardiac action, with mitral systolic murmur, and he was subject, without any assignable cause, to violent attacks of *angina*. During one or two of these attacks, his life appeared to be threatened; however, he tided over them. The hip disease seemed to