tissue as you will afterward wish you had. You need never hesitate, on this ground, in the ordinary case of epithelioma of the lip, for after the parts have been brought together and union has taken place you will be surprised at the little deformity resulting. You should cut free of all diseased tissue into sound flesh in order that the disease may not return. Such a method of operating has always been the rule with me, and to it I ascribe the fact that I have never had the disease return after operation. I carry out this practice in carcinoma of the female breast, a disease which you know is by no means uncommon, and one that is so likely to return after operating in the ordinary way. Instead of simply removing that part of the gland which I consider to be diseased, I remove the whole breast and let the wound heal by granulation. That part of the breast left after the usual operation is of no use, and indeed, the cicatrix resulting from the union obtained, is the point where the disease is most apt to show itself again. The cancerous mass is oftentimes well defined, in some cases encapsuled, but more often the deadly material is spread amongst the healthy tissues in such a manner that it is impossible for the surgeon to determine whether the part he leaves is normal or abnormal. Glandular structure that may be normal to the touch and sight, may, under the microscope, prove to be infiltrated with carcinomatous material. With this method of procedure, amputation of the whole breast, leaving no flap and, consequently, no cicatrix, I feel confident that I obtain better results than do those who only remove that part of the gland that, to the sight and touch, seems to be diseased. But to return to the lip. There is one form of disease that we may very readily confound with epithelioma. This is lupus ; the *noli me tangere* of the old authors. How can we distinguish the one disease from the other ? I know of but one diagnostic feature upon which any confidence can be placed. In lupus we have an ulcer that looks and acts almost exactly as does epithelioma, but it lacks one thing ; the *hard, indurated, shotty feel* of the edges of the cancerous ulcer. The edges of lupus ulcer are soft, flabby and sometimes œdematous ; those of epithelioma are hard and tough. Don't forget this.

I want to say a few words here regarding the etiology of cancer. There are many who believe, and justly too, I think, that all cancer is referable to some injury, chemical or mechanical, usually the latter ; a blow, a traumatism. Whether this be true or not, the fact remains that almost every case of carcinoma that we see is referred to some injury. True it is, that, from the nature of our surroundings, we are constantly receiving injuries more or less serious, and it is very natural, when disease appears at a certain point to ascribe it to some injury of the part. There is, however, an undoubted connection between the two. Epithelioma of the lip is most often seen in those who are so constantly holding the stem of a foul clay pipe between the lips. You will remember that in my lecture upon the nature and etiology of cancer, in the regular term, I spoke to you, somewhat fully, upon the difference of opinion or belief amongst some of our leading pathologists as to the nature of this disease. Paget and his followers maintain that cancer is a constitutional affection, and that the lesion, wherever situated, is simply a local manifestation of the general disease. In the minds of these gentlemen a traumatism is only the exciting cause that, in some cases, determines the point at which the lesion is to appear. Billroth, on the other hand, with an equally large following, maintains that the disease is purely a local one, and that the rest of the system is implicated only by an absorption of the peculiar cell or virus produced at the point of lesion. The question is still *sub judice*, and will so remain until some further light is thrown upon the pathology of this formidable affection. Remember one thing, in operating for epithelioma of the lip, *sacrifice a sufficient quantity of healthy structure to make sure that you have removed all of the diseased tissue.*

### SPINA BIFIDA.

This is a congenital hernia of the membranes of the spine through a hole or fissure in the posterior wall of that canal. It is a very common malformation, being seen more often than any other except hare-lip. The child whom I present to you to-day with this patent condition of the vertebral canal is a little boy, four months old. The tumor, you see, is in the lumbar region, and of fair size, containing probably four ounces of fluid. The skin over it is thinned and has a purplish, cicatricial appearance. The sac being in all cases, simply a dilatation and protrusion of the cord membranes, its contents are of course the contents of the cord membranes and of the cerebral arachnoid, the two being continuous. Herein lies one of the great dangers in operating for the relief or cure of this condition : for in emptying the spinal diverticulum you are very apt to withdraw the cerebral arachnoid fluid, and lead to convulsions, inflammation and death. In some cases, where the skin covering the tumor is greatly thinned or entirely absent, ulceration may take place and the arachnoid fluid thus slowly drain away and lead to a fatal issue. Rupture or ulceration has been, however, occasionally followed by cure. In some cases the skin instead of being thinned or absent, has its normal thickness and appearance, and in still others is tough and leathery, being considerably thickened. The tumor may be pedunculated, the pedicle being long or short, or it may have a broad, sessile base. The difference is due entirely to the form and extent of the spinal fissure. In this case the base of the tumor is rather broad and the fissured