Teratoma of the Perineum," by R. H. Whitehead; "Dermato-myositis," by W. R. Steiner; "Observations on a Pathogenic Mould formerly described as a Protozoon," by W. Ophul's; "The toxic effect of formaldehyde and formalin," by M. H. Fischer, and "Bacillus mortiferus" (Nov. Spec.) by N. McL. Harris.

Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

The fourteenth regular meeting of the Society was held Friday evening, April 21st, Dr. J. A. Macdonald, President, in the chair.

NASO-PHARYNGEAL FIBROMA.

JAMES BELL, M.D., exhibited a patient from whom he had removed a naso-pharyngeal fibroma. Dr. Bell gave the following account:—

The patient was a young lad of 18, who at eight years of age had a bean removed from the right nostril. In 1901 he suffered from an attack of nasal catarrh, the nostrils being completely blocked in the summer of 1902. Four months ago the blocking was complete, and a tumour was discovered occluding the posterior nares. He was referred to me by Dr. Birkett for operation, and on March 30th I removed this growth, which is a fibroma, and therefore non-malignant.

This was done through the palate. I incised the soft and hard palate, cutting away the bony portion, and getting the finger well in behind it, after separating the mucous membrane with a raspatory. I did the operation with the head hanging over the end of the table. I bring this case because of the very satisfactory result, as far as the operation is concerned. There is so much difficulty in getting access to these tumours, and so many ways of doing this operation, and none of them entirely satisfactory, that I am much pleased with the result in this case. I packed the naso-pharynx, which was bleeding freely, and some days later unpacked and sutured the palate. The suture in the soft palate has given way in one place, but that is susceptible of very easy repair, because there is plenty of tissue, and I think it will unite completely in the hard palate. In my experience, and I have done the operation in a good many different ways, this has been the most satisfactory method. For anterior tumours other operations are probably more suitable: Rouge's operation of turning up the nose, Annandale's operation of splitting the hard palate, displacing the nose and opening or partially excising the superior maxilla.