

the growth was a bluish vascular-looking tumor. There was no secondary growth. An incision five inches in length was used, and even then there was considerable difficulty in performing the operation properly. An uninterrupted recovery took place and the patient enjoyed good health until her death, from apoplexy, five years subsequently.

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*SECOND DAY—AFTERNOON SESSION.*

IMPLANTATION OF THE URETERS IN THE RECTUM IN A CASE OF EXSTROPHY OF THE BLADDER, WITH PATIENT.

Dr. GEORGE A. PETERS (Toronto) exhibited the patient and fully described the two operations he had performed on this subject. In addition to the exstrophy of the bladder, the patient had also had procidentia recti, and was therefore a great trouble and source of annoyance, disgust and loathing to his friends. The resulting deformity from this condition would be such as would be produced by taking away the anterior wall of the abdomen, below the navel. There is then exposed to view, the posterior wall of the bladder, with the mouths of the ureters filling in the space between the widely separated walls. In this case he has removed the exstrophy of the bladder altogether. The scrotum is present and the testicles are descended. The condition is a congenital one, and due to defective development in the uro-genital parts. At the age of two and a half years, the boy first came under the doctor's notice. He is now four and a half years. All the organs and limbs were perfectly formed with this exception. On the broad, flattened and shortened penis, a groove descended down to the extremity thereof, the under skin of the urethra being exposed and also the mucous membrane of the posterior wall of the bladder. A rudimentary prostate could be seen, and at the lower part of the bladder wall the openings of the ureters could be detected. Around these, there were excrescences, mucous in character. The surrounding skin showed very little irritation, though it was constantly bathed in the escaping urine, though the escape of urine was not constant. When the surface was dried, it would remain dry from fifteen seconds to one minute. A fine probe inserted into these openings of the ureters, passed almost directly backwards. Both kidneys were somewhat prolapsed, as could be readily determined under chloroform. Generally speaking, in these cases the testicles have not descended. There was entire absence of the pubic symphysis. With the finger in the rectum, one can draw forward and easily detect that there is no pubic symphysis whatever. The projection of the prolapsed rectum came down to his knee. The mucous membrane of this