

marked on the eighth day. However, the bowels began to act freely and the boy rapidly recovered, and was now quite well; the swelling in the groin had completely disappeared.

DR. BELL exhibited specimens from a

CASE OF SEVERE SYPHILIS.

which had died from tuberculosis of the lung. The syphilitic disease in this case was very destructive, causing extensive ulceration of palate and larynx. The nose had disappeared. In the brain were spots of softening, due probably to thrombosis. The patient first contracted syphilis in 1886, and never commenced treatment until 1888.

DR. RODDICK exhibited two specimens of

CANCER OF THE LOWER JAW.

The first had occurred in a man aged forty-five. The growth commenced in the gum near the first molar tooth some months before, and rapidly spread to the bone and cheek. Half the lower jaw and a portion of the cheek were removed. The glands were only slightly enlarged and not infiltrated; the growth was epithelioma.

The second case occurred in a man aged sixty-five. The disease first appeared on the lower lip some eighteen months before, and rapidly involved all the soft tissues as far as the chin; the growth was adherent to the bone and of great density and hardness. The affection was never painful. The sub-maxillary lymphatic glands were involved. The growth and the portion of lower jaw to which it was adherent were removed. The growth proved to be epithelioma.

EXCISION OF KIDNEY.

DR. GARDNER exhibited a tumor, which he believed to be the left kidney, removed some days before by abdominal section from an unmarried woman of twenty-eight years, who had first noticed the tumor two and a half years previously. It had grown slowly, and had been moderately painful. On examination it appeared to be the size of a child's head, was hard, nodular, painless,

and was so movable that it could be shifted to any part of the abdominal cavity from its ordinary position on the left side. When the patient was on her back the lower end of the tumor could be felt through the vagina. It could not be felt or pressed into the left lumbar region. Percussion showed it to be surrounded by intestine. The tympanic note over it was unmistakable in the left loin. The patient was watched for eight days before operation. Pus was constantly present in the urine; she had night-sweats, but no rise of temperature.

At the operation the tumor was found to be behind the mesocolon, and the descending colon was over its outer aspect. The peritoneum over the tumor was incised, and the tumor was then easily shelled out. The attachments were at its upper end, and seemed to be the blood-vessels and ureter. The operation was completed by gathering the edges of the capsule together, and including them in the abdominal sutures. A glass drainage tube was inserted at the lower end of the wound; this was removed at the end of forty-eight hours. Her progress was uneventful, and now, at the ninth day, recovery is assured.

The tumor on section was found to be moderately firm, the surface grayish-white and fibrous. The growth was loculated; some loculi contained pus, others a yellowish transparent fluid. Urine was secreted plentifully from the first; the first two specimens contained blood, but no pus; since then there had been a little pus in the urine. Dr. Gardner thought that the absence of pus from the urine after the operation was conclusive evidence that the tumor was the kidney.

DR. RODDICK asked Dr. Gardner whether he would have performed the median incision if the diagnosis of kidney tumor had been made before operation.

DR. SMITH congratulated Dr. Gardner on the success of this operation, and said he was glad to see the gynecologist wresting further territory from the surgeon.