

ined. It contained no nerve elements, and there was no communication with the spinal canal although the arches of the last lumbar and upper sacral vertebræ were absent; and on subsequent examination the tissues of the sac were found to correspond in structure with the membranes of the cord. The tumor was excised by elliptical incisions, the edges brought together with catgut sutures, with a few strands of catgut at the lower angle for drainage. Primary union took place throughout, and the child was discharged from hospital on the 19th day after operation.

Dr. Bell stated that he brought the case before the Society mainly for the reason that spina bifida seemed to be considered by physicians generally as a condition not amenable to surgical treatment. This view was no doubt based upon the fact that under old surgical methods the mortality was very great, and after excision the patient almost invariably died within a few days from septic meningitis. Hence the tendency to leave these cases to nature, although it is a generally accepted fact that only a very small proportion of these patients live to reach adult life, and in a still much smaller proportion the tumor undergoes spontaneous cure. Hence, also, the treatment by ligature and injection. Dr. Bell considered excision the ideal operation, and thought that success or failure depended largely, if not altogether, upon asepsis, and quoted from recent authors in support of this statement. The case in point was one of those (sometimes called false spina bifida) in which any method of treatment would succeed, and in case of rupture or suppuration spontaneous cure would result.

*Uterine Polypus.*—DR. LAPHORN SMITH exhibited the specimen which he had removed last summer from a patient sent to him by Dr. DeMoulied, who had been treating her for some time for profuse menstruation. Being single, and 35 years of age, it was several months before she could be induced to submit to an examination. The vagina was found filled with a solid fibroid tumor, the pedicle of which extended up into the uterus as far as the finger could reach. When Dr. Smith first saw her she was in a state of profound anæmia. The fibrous pedicle was snipped off easily from its insertion to the cervix, about the level of the internal os, and no hemorrhage followed. The patient made a rapid recovery, being able to walk about at the end of two weeks. She was then put on Blaud's pills, with very great benefit. Dr. Smith pointed out the necessity of insisting upon a local examination in every case of profuse hemorrhage from the uterus which is not arrested by a few weeks treatment with ferruginous tonics.

*Pelvic Hematocoele possibly due to Extra-uterine Fœtation.*—DR. LAPHORN SMITH reported this case, which occurred in the practice

of Dr. René DeCotret. Madam G., aged 27, married seven years, and mother of one child four years old, consulted Dr. DeCotret about a month ago for metrorrhagia, which had lasted five weeks. She had begun to menstruate at 15, and had always been regular until May, 1891, when her periods came on twice in a month and lasted eight or nine days, suffering at the same time from constant headache, leucorrhœa, constipation, and frequent micturition. In November she missed a period, and since then her breasts have been tender; the metrorrhagia began in December, and was accompanied by severe pain in the abdomen, loins and perineum. Dr. DeCotret found a badly lacerated cervix and the uterus pushed over to the left side by a swelling in the right lateral fornix. Dr. Smith was called in consultation, and found the above conditions, and diagnosed disease of the tube and ovary of the right side, strongly urging their removal. Consent was given, and two days later Dr. DeCotret, assisted by Dr. Smith, performed abdominal section. On passing his finger into the abdominal incision the operator came on a soft tumor the size of an orange, through the walls of which he easily entered, and at once there appeared at the incision about half a pint of tarry fluid. This was sponged out and a handful of clots torn away. The ovary was then brought up and found to be cystic, the tubes were enlarged to the size of the thumb for a distance of two inches from the fimbriated extremity; the tube and ovary were removed, the cavity flushed with hot water at 110°, a drainage tube inserted, and the wound closed with silkworm gut. The tube was removed on the third day. The temperature has been 98½° ever since, with the exception of the third night, when it reached 101° for a few hours only. There has been total absence of pain; but one hypodermic of morphia was given after the operation to weaken the heart and so diminish oozing. The bowels were moved next day with Rochelle salts, and on the twelfth day the patient was practically well and on full diet. The operation was performed in a little tenement house, with none of the conveniences of a modern hospital, and by a surgeon who had never performed the operation before. The specimen was a beautiful one; the tube could be distinguished in its whole extent, about five inches in length. About an inch from the uterus it suddenly ceased to have its thick whip-cord appearance, becoming distended to the size of the thumb for about three inches with a solid clot, and its walls being stretched out to the thinness of tissue paper. The remaining inch with the fimbriated extremity on the end of it was not distended very much, but contained a little dark blood. The fimbriæ were buried in a large blood-clot which filled the peritoneal cul-de-sac, and in which the ovary was imbed-