

found to be carcinoma. The specimen is of interest as showing the manner in which the metastases occurred, that is, between the vesicles, up along the anterior wall of the rectum. It also shows the cavity which occurs after suprapubic enucleation. There is a trabeculated bladder, much inflammation, and hydronephrosis with dilated ureters.

2. Primary cancer of the liver is extremely rare, and we have to rely largely upon the macroscopical findings and a careful search of the body. In this case we were unable to find any primary focus whatever, nor any manifestations of disease other than those in the liver itself. The patient was 67 years of age and died with all the symptoms of portal obstruction. The microscopic sections support the probability of the new growth originating in the liver, but the strongest reason is that after a very careful search in an autopsy, where this was possible, we failed to find any trace of a primary focus.

#### CONJUNCTIVAL FLAP IN OPHTHALMIC SURGERY.

W. G. M. BYERS, M.D., read the paper of the evening.

G. H. MATHEWSON, M.D. Dr. Byers is to be congratulated on this masterly exposition of this method, which must strike even the general practitioner as being eminently practical. The use of the conjunctival flap in operative procedures on the eyeball, especially in the extraction of cataracts, has been in vogue for a good many years, and in all places where this has been done the results have been ever so much better; the vascular flap adhering almost immediately, which greatly lessens the danger of infection. Dr. Byers mentioned that Dr. Buller did a modification of Mule's operation, employing two sets of sutures, one on the sclera and one in the conjunctiva. Dr. Buller's great point was that instead of leaving a round opening in the sclera he made an oval one, and so got two flat surfaces to be opposed to each other, which united much more readily than if you left a round opening. He used, too, to make a conjunctival opening in performing discission. He used to introduce the needle primarily through the conjunctiva just outside the cornea. These, however, are only details, and I would once more congratulate Dr. Byers on his excellent paper.

FRED. T. TOOKE, M.D. I should like to add how much pleasure I have derived in listening to Dr. Byers' paper. As Dr. Byers admits, there are a number of methods which he can hardly claim as original; yet on the other hand there are other procedures of resecting the conjunctiva which, in so far as I am aware, are entirely original. I have been particularly fortunate in having been associated with Dr. Byers in a number of cases where these methods were particularly called for, and