

pregnancy. It was shown that most tumors grew rapidly during pregnancy, and that benign growths of a certain nature were liable to become malignant.

DR. SKENE of Brooklyn, in discussion, said that utero-gestation had a general good effect on mal-nutrition, especially when accompanied with a flexed uterus of mal-developmental origin. He thought it was an unfortunate thing for women with chronic pelvic inflammation to become pregnant. If, however, a woman with a displacement becomes pregnant and goes to full term, she will likely be much benefitted. He was under the impression that it was a mistake to consider pregnancy beneficial in cases of displaced ovary. He had invariably found that the displaced ovary had again dropped down after parturition, and caused as much trouble as before.

DR. B. McE. EMMET thought it better to endeavor to cure the pelvic inflammation before pregnancy took place, if possible.

DR. JAMES C. CAMERON of Montreal (by invitation) spoke of cases of fibroids under his observation which had disappeared after parturition; also a case of rupture of the ureter during labor, followed by death from uræmic poisoning, which went to show that after severe attacks of pelvic inflammation all subsequent pregnancies involved danger.

DR. ENGLEMANN of St. Louis read a paper on *A New Method of Electro-therapy and its bearing on Surgical Gynæcology*. The main feature of this paper consisted in the recommendation to *try* electricity before resorting to the knife. Dr. Englemann's views, however, upon this subject were so well known that there was but little discussion entered upon.

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