

abdominal tumor which proved to be papillomatous.

There has been no return of either the dropsy or the papillomatous growth. He referred to the many cases of laparotomy and washing out the abdominal cavity.

Dr. Geo. W. Miltenberger could not see why any malignant tumor should not be able by irritation of the serous membrane to cause ascites. We often see ascites without any definable cause, and when a growth did exist it seemed a very good reason for the presence of the fluid. He referred to the case of a colored woman operated upon by Dr. Neale.

Dr. L. E. Neale said that in the case of the colored woman referred to, there was no assignable cause for the ascites except the presence of a subserous uterine foetus myomata; at the operation he removed the uterine appendages. The growth remained, but there was no return of the ascites. There was also a complete procedentia, but after the operation he was enabled to keep the uterus in place with a soft rubber ring. The tumor gradually diminished and ultimately disappeared.

Is the exposure and irritation of the serous membrane, during the operation, a sufficient explanation of such an alteration in its function when the apparent cause of the ascitic extension remains?

He thought the question eminently important and practical in its bearings, and that it required further elucidation.

Dr. Wilmer Brinton remarked that in a case of cirrhosis of the liver in a male patient, tapping for the ascites had been followed by a permanent opening which persisted until the patient's death one month afterwards.

Dr. J. Whitridge Williams, in referring to Dr. Moseby's remarks said that the ascites accompanying papillomatous growths was considered to be due in great part to direct exudation from the vessels of the growth—he also referred to tubercular peritonitis.

Dr. B. B. Browne exhibited a small tumor about the size of a large hickory nut, and apparently a fibroid which he had removed from a point a little to one side of the median line, and between the clitoris and urethra. It pressed on the urethra interfering with micturition. The growth was easily shelled out, and the patient did perfectly

well. It was the first growth of the sort that he had seen in that locality.

Dr. Neale related a case of imperforate rectum in a white male child naturally borne at full term of healthy parents. The child was puny, weighing only  $5\frac{3}{4}$  pounds at birth, and one inch within the anus the rectum was imperforate. Dr. T. Hanny operated upon the child when it was two and a half days old, very feeble and partly cyanosed. No anesthetic was used, anus was cut through, the perineal structures laid open, the coccyx removed, the rectum opened through its posterior wall just above the imperforate part, and its mucous membrane stitched to the skin just behind the original anal aperture. The stitches sloughed out and the large wound healed slowly by granulation. A copious discharge of flatus and meconium occurred during the operation, and the tympanitic abdomen disappeared.

Profound shock and collapse followed the operation, the child lying motionless, the feet and lower limbs cyanosed, the face and head less so—jaw dropped, mouth opened, eyes closed, lids blue, surface temperature but little if at all lowered. No cry. The features were frequently pinched or wrinkled from pain, becoming more or less blue at irregular intervals.

In this condition the child would make no effort at suction, but would swallow two teaspoonfuls at a time of milk and brandy when poured into its mouth, rarely refusing to swallow and never vomiting the food and stimulus which were given freely and frequently. For nearly two days and a half did it remain in this state—partially rousing during the administration of food or other disturbance, and again relapsing. Even after this period, when the first decided improvement occurred, the child would frequently relapse and remain in this condition for hours at a time. The first two weeks of its life were passed in this manner. The digestive and urinary apparatus functioned normally.

From the tenth to the fourteenth day these attacks gradually diminished and ultimately disappeared. The child is nearly two months old, but very feeble, and weighs only  $5\frac{1}{4}$  pounds. It has been reared chiefly on condensed milk. The dense cicatrice just about the seat of the old imperforation has to be dilated daily with the finger; another operation will be necessary. No diagnosis of abnormality in vascular system could be made.