

tality, while not unfrequently pain and oedema of the arm followed. He did not feel warranted either in removing the pectoral muscles unless they were diseased. The operation of removing the whole upper extremity for cancer, as suggested by one of the speakers, it was not necessary to speak against, as the patient herself would never submit to it.

In conclusion, Sir William referred to the various operations for removal of cancer of the rectum and claimed that colotomy gave as much comfort in the end to the patient as any attempt at removing the disease, as unhappily cases were rarely seen while the disease was still confined to the bowel.

Dr. A. LAPHORN SMITH was firmly convinced that cancer was a contagious disease, and felt quite sure that pathologists would yet come to that decision. He had seen at least three cases of cancer occurring in people who were not related in any way to other cases of cancer, and yet who attended those cases as nurse or friend. Dr. Smith said that though most of the speakers had referred to the great importance of thoroughly removing all traces of the diseased tissue, none had laid enough stress upon the importance of disinfecting the field of operation after the diseased tissue had been removed. In a case of cancer of the breast, for instance, where every portion of the disease had been removed, if one smeared the edges of the wound with cancerous tissue and the disease was a bacillus disease, recurrence locally was to be expected. Dr. Smith referred also to the method of Dr. Byrne, of New York, for removing cancer of the uterus. He cut out small pieces at a time by means of the galvano-cautery until only the mere shell of the uterus was left. His statistics showed that his cases were free from return for a much longer period than usual, and he attributed his success to destruction of the bacilli by heat in the tissues beyond that portion which was removed. The fact that cancer usually, if not always, commenced in unhealthy or scar tissue, the speaker, thought showed that the bacillus of cancer, like that of tubercle, would not attack healthy people or healthy tissues.

Dr. A. PROUDFOOT advocated the use of caustics in the early stage of epithelioma of the lip and cited cases to show its efficacy. Of epithelioma of the ear, which was not as common as in the eye, he had seen several cases within the last few years, and found that early removal of the affected part was followed by good results.

Dr. SHEPHERD in reply said that he preferred removal of the whole tongue in cancer and that unless the disease was well forward partial excision was of little avail. Formerly it was his custom to feed for several days by the rectum, but now he never did it, preferring feed