

partaken of vegetables. There was some pain on the left side which disappeared as soon as the bowels moved. About the middle of December he discharged a long brown colored string, about four feet in length, covered with white mucous, and the next day he discharged a piece in the form of a cone, with a cavity in the base. (Specimens of the discharges were exhibited.) The patient was not all nervous. A proctoscopic examination was made.

Dr. Halpenny showed photographs of a girl before and after operation, for the removal of a large noevus. We simply cut the noevus completely off, keeping about an eighth of an inch from the mass itself. The head was shaved in the ordinary way and at the operation there was no preparation except when the child was on the table, the noevus was well swabbed. It was skin grafted at once and the result was very satisfactory. There was no bleeding any more than caused by the ordinary incision in the scalp. The graft took without any difficulty and there was no suppuration, and the girl was able to leave the hospital at the end of about twelve days."

Dr. Rorke—"What was the nature of the vessels?"

"There was no difference at all from the ordinary vessels where the incision was made, and the mass itself we did not cut into. The noevus enlarged with age and that was why the parents consented to an operation. It was practically hanging down over the corner of the eye."

Dr. MacKay—"I think Dr. Halpenny got through with the case very nicely. The only question in my mind as to this operation is that there is usually a good deal of hemorrhage, but in this case there was very little."

Dr. Lehmann—"I think it is a very nice result. In cases I have had I have found that if one keeps perfectly clear of the noevus the vessels are normal. If one does that I think as a rule there is very little trouble from bleeding."

Dr. Rorke—"These cases cannot be treated by electrolysis?"

Dr. Halpenny—"In a case with such a big mass I think you would be sure to get a lot of suppuration, or in any method of slow amputation there would be suppuration and a lot of cicatricial tissue."

Dr. Bond—"These large cases are far better removed surgically than by the electrolytic needle, but in cases where the mass is not too large it is better to electrolyze them, because the result as far as the scar goes is not so evident in most cases."

Dr. Lehmann showed a specimen of a fibroid tumor of a submucous nature. There was absolutely no hemorrhage and the woman was not suffering in the slightest from menorrhagia. The only reason why she wanted it removed was on account of the inconvenience she suffered from its size. He also showed a sub-mucous polypus in which case the hemorrhage had been enormous. He produced the two specimens to show that the same condition does not always produce the same symptoms in a fibroid. Both women were near the menopause: the one menstruating very slowly and the other almost continuously, and losing large quantities of blood.

Dr. Rorke—"Do these tumors have a tendency to defer the menopause?" "Yes, moderately so."

Dr. Whyte—"What is the effect of pregnancy on a fibroid? Does it grow faster or less during pregnancy?"

"I am not prepared to say, but I don't think it has very much influence, although I am open to correction there."

Dr. MacKay—"I think that if the fibroid is of any size and causing any trouble you don't often get pregnancy, and if you do, the patient goes on to abortion or miscarriage."

Dr. Monroe—"I think some obstetrical writers claim that the fibroid does increase in size during pregnancy."