

previously selected, and then put the mucous layer on the stretch, and remove it at the corresponding point.

The mucous membrane, I repeat, unlike the integument, needs to be put somewhat *on the stretch*. The other flap is then divided in the same manner, on a level with the first. The stump presents the same appearance as when properly made in the more usual manner. The edges of the two layers are then stitched with fine silk sutures. These edges may be more neatly approximated by retracting the whole integument of the penis, and turning back the mucous layer like a cuff.

The operation is much simpler than will be inferred from the complicated description given above. Its only advantage over those generally practiced is a certainty of securing the desired shape and length. It avoids the possible accident of leaving too much mucous membrane for use and too little skin for elegance.

A patient, on whom I recently practiced this operation, presented some points of interest, in that we could observe the effect of a previous operation in which the mistakes above hinted at were made, and then aggravated by leaving the cut edges to take care of themselves without even a stitch to secure them. The skin was still rather long; the mucous membrane was contracted into a complex mass, but when put on the stretch was full two inches in length. The phimosis was still unrelieved. The edges of both layers were ulcerated. It was well-nigh impossible to find the meatus, even with a probe. The patient had been thus treated, or mistreated, in Texas. Coming to this city, he came under care of Dr. H. B. Lee, and with the Doctor I saw him. The method described answered admirably for unraveling the hidden condition, and securing a perfect result.

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### DERMOID CYST OF THE OVARY.

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Mrs. V., a married woman, thirty-five years of age, of a healthy constitution, who had previously borne one child; some years before was supposed to be pregnant, and at the end of

her second gestation was seized with pains resembling the pains in natural labor. The family physician was called in, and remained with her some twenty-four hours, at the end of which time the pains ceased entirely, and did not return again. The family physician informed me that she had all the signs of pregnancy up to this attack.

Mrs. V. survived some seven years, and during which time her health was bad, though she was never confined to her bed until a short time before her death. She had a gradual enlargement of the abdomen during these seven years of her life, until at death she was of an enormous size. I got the permission of her husband and family to perform a post mortem, and found the right ovary enlarged to about the size of an ordinary water-bucket. I did not weigh the tumor, but suppose it would have weighed some twenty pounds or more. The tumor appeared to consist of a large number of cysts, some of them filled with a yellowish watery fluid, and some filled with a thick, yellow, tenacious matter, mixed with nice fine hair, from two to four inches in length, in appearance resembling a child's hair at four or five years of age. The tumor had encroached so much on the Fallopian tube and ligaments that they were lost in the tumor until found by dissection. In tracing the Fallopian tube, I found a hard substance in the cavity of the tube, and on making an incision found two well-formed teeth, one with the fang attached to and imbedded in the muscular coats of the tube; the other one was not attached, but both appeared to be in a perfect state of preservation. The uterus was about the usual size of those found in women who have borne children. I examined the cavity and found nothing unusual connected with that organ. I also learned that this patient had been several times tapped for ascites, without effect.