

**REMOVAL OF A TUMOR FROM THE BLADDER.**—Professor Billroth has recently performed another singular and daring operation, which is described by a correspondent to the *Irish Hosp. Gaz.* of July 15, viz., the removal of a tumor from the urinary bladder of a boy twelve years of age. Until ten months before the operation the boy had been very healthy, but began then to complain of pain in passing urine. The pain was not very severe, and was located in the glans penis and the region of the bladder. The urine soon became cloudy, and the desire to void it came so suddenly that the boy would not have time to reach the urinal. The case was supposed to be one of calculus, and was sent to Billroth for an operation. No calculus could be detected; but on examination made after the bowels had been thoroughly emptied, a tumor in the region of the bladder could be distinctly felt through the abdominal walls. It could also be felt by examination per rectum, and was slightly painful on pressure. Its consistence was very much like that of a fibroma, and it seemed to spring from the bladder. Further examination showed that the walls of the bladder were greatly hypertrophied; the sound, however, came in contact with no hard body within the viscera. When the fever following the last examination had abated, the following operation was made. Lateral lithotomy was first performed, with the intention, if the tumor proved to be adherent to the bladder, to make the high operation and remove the growth. When the finger was passed into the bladder through the opening in the perinæum, a tumor the size of an apple was felt to be growing from the posterior wall, but its pedicle could not be found. The high operation, over the symphysis pubis, was at once performed, some difficulty being experienced in making an opening into the bladder, owing to the danger of opening the peritoneum, in consequence of the contracted state of the organ. The tumor grew with a short and tolerably broad pedicle from the posterior wall of the bladder, and very high up. Notwithstanding an enlargement which was made of the upper wound, the opening still proved too small for the passage of the tumor, and an effort was made to break up the latter with the fingers. At first only small portions of the rather soft tumor were detached, but finally the whole of it was torn from its pedicle, and by compressing its centre it was extracted through the upper wound. The portion of the bladder to which the pedicle was attached was then drawn through the aperture; the pedicle was dissected off, to do which effectually required so deep a dissection as to imperil again the continuity of the peritoneum. Two small arteries were recurved, and the ligatures carried out through the perineal wound. After the operation the patient continued relatively well, having but slight fever. The wounds, at the time of writing, looked remarkably well, notwithstanding

ing their contusion during the operation. Microscopic examination showed the tumor to be a pure myoma.—*N. Y. Med. Record.*

**SIR WM. GULL, OF LONDON.**—That Sir Wm. Gull does not owe his success in life to adventitious aids is evident enough. He was the son of a poor farmer—a laborer who tilled a small plot of ground, the property of Guy's Hospital. He attracted the attention of the Treasurer of the Hospital as a bright lad, and was given a place as bottle-washer in the drug-room of the hospital. He was given the opportunity also to have some instruction, entered as student, graduated with honor, became house-physician, and lastly consulting physician, his present place. These facts are well known, yet he is created Baronet, and welcomed into their ranks by the most exclusive aristocracy on the globe. He is no common man, whatever may be said of him, who can carve out such a career for himself, and from a charity lad become the foremost physician of the greatest city of our modern civilization. Gull is said to be so closely occupied that patients have to make engagements days in advance of the time.—London correspondent of *The Clinic.*

**BELL ON ASPIRATION IN RETENTION OF URINE.**—Dr. Joseph Bell relates an instructive case (*Edinburgh Medical Journal*, April, 1874), and adds: Cases admitting or requiring this treatment will not likely be very frequent—indeed I have not met with another out of a very large number of stricture cases seen since June; still in this case any other treatment would have been very dangerous. Perineal section is always tedious, requiring chloroform, which the weak heart and emphysematous lungs and diseased kidneys would not have borne ill; besides perineal section has its dangers in old exhausted subjects. Tapping the rectum would have been difficult, from the enlarged prostate. Catheterization has failed. The operation was painless and left no trace. I have a strong feeling that, in similar cases, the aspirator gives us an easy, safe and reliable means of overcoming a difficulty, emptying the bladder, and giving time for other treatment. It is possibly necessary, to repeat the aspiration frequently in the same region, but not exactly in the same situation. The special merit of the aspirator here is, that it enables us, by the suction power it possesses, to withdraw the urine through a tube little larger than an acupuncture needle, the wound inflicted which heals up at once and leaves no trace.—*Examiner.*

**FRECKLES.**—It is said that powdered nitre, mixed with water, applied to the face night and morning, will soon remove freckles.—*Practitioner's Druggist*, May, 1874.