

succulent, and made up of delicate interlacing filamentous tissue. It is not very vascular, and is covered with a reflection of the mucous membrane, the cells of which are normal. Prof. Gross tells us in his admirable work above referred to that "these tumors occasionally co-exist with urinary calculus, or they may be encrusted with crystals of triple phosphates, and that they evince a remarkable predilection for the neck of the bladder."

The symptoms of polypoid fibroma are chiefly of a mechanical character, viz.: difficulty in micturition, sudden stoppage of the flow, painful retention accompanied with great straining, requiring the frequent use of the catheter. The occasional passage of a small polypus as in the present instance, will at once establish the diagnosis. There is usually very slight hemorrhage, which may only be occasioned by the introduction of instruments. There is frequently pain at the head of the penis as in stone of the bladder. In females a protrusion of the tumor from the urethra is a valuable symptom. In this connection a most interesting case was published by Mr. Stanley in the *Medical Times and Gazette* of 1852 (page 106) in which, from continued retention of urine, some of it was forced into the imperfectly closed urachus which gradually reopened until the urine reached the umbilicus and escaped. The patient was a male child 13 months old.

The differential diagnosis of polypoid fibroma may be made by having regard to the train of symptoms just stated. It occurs at an earlier age than papillary fibroma, and unlike it, bleeding is not a frequent sign, and when it does occur is only trifling in extent. It may be diagnosed from carcinoma of the bladder, from the fact that the latter is rarely primary, and is attended with the cancerous cachexia—from calculus of the bladder by the introduction of the sound. From hypertrophy of the prostate by the introduction of the finger in the rectum. The prognosis of this affection is most unfavorable as when it is not removed by surgical procedure, a fatal issue invariably occurs from retention of urine and its effects upon the kidneys.

The treatment of tumors of the bladder is palliative and radical. The former consists in administering remedies to allay pain and spasm, the use of the catheter when required and the arrest of hemorrhage when it occurs. Among the earlier operators in these affections was Civiale. He en-

deavoured to remove them by avulsion and the use of the lithotrite; but his success was not very encouraging. Cystotomy is the only rational method of treating these growths. They may be removed by avulsion, enucleation, ecraseur, or ligation. The fact that the operation has been several times successfully performed should encourage us in its performance whenever suitable cases present themselves. Billroth, after having first verified his diagnosis by opening the bladder through the perineum, divided the recti muscles at their insertion, opened the bladder transversely, and removed the tumor by avulsion. The patient was discharged cured on the 23rd day. Dr. Mass, of Breslau, in 1876, suggested a plan which it would be well to have recourse to before subjecting the patient to a cutting operation. It consisted in pouring water into a double current catheter (with a large eye) inserted in the bladder, in the hope that the out-flow may entangle the growth in the eye of the instrument. In this way he succeeded in three cases in removing small pedunculated mucous polypi. The lithotrite might also be used to remove portions of the growth for examination. In females the short and easily dilated urethra and absence of the prostate renders access to the tumour tolerably easy of accomplishment and the risk is much less; not unfrequently also the tumor protrudes through the urethra and may be ligated or pulled well down and removed by avulsion. In the case before us, from the nature of the growth and its attachment, an operation would, in all probability, have been attended with success if the diagnosis had been made with certainty sufficiently early, i. e., before the disease had progressed to the stage of ulceration of the bladder. In any similar case occurring under my care in future I should have no hesitation in performing cystotomy with a view to the removal of the growth. The operation has met with a large measure of success in the hands of Sir Henry Thompson and others.

SURGERY OF THE SPINAL CORD.*

BY J. CAMPBELL, M.D., L.R.C.P. ED., SEAFORTH, ONT.

The very interesting and important subject of what now generally goes by the name of "Railway Spine," has, during the last year, been attracting

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