

without any appearance of diminution in the size of the tumor, or in any amount of the hemorrhage. There is a peculiar kind of uterine myoma which causes but little pain or hemorrhage, but which goes on indefinitely increasing in size, and seems to be unaffected by the climacteric.

In uterine myoma, provided the use of ergot and rest does not give relief, one of two procedures may be adopted. The uterine appendages may be removed and menstruation, which seems to be the immediate process by which the growth is encouraged, arrested. It is a fact established beyond discussion that in the great majority of cases operated on hemorrhage is immediately arrested, and the tumor shrivels up, and may disappear. The removal of the uterine appendages is an operation to be recommended in a certain class of cases. In some cases in which the disease is not arrested by the removal of the uterine appendages, there is the far more dangerous operation of removal of the entire uterus or hysterectomy.—*Med. News.*

TUMORS OF THE BLADDER; CYSTOTOMY—Dr. J. L. Little (N. Y. Surg. Society) presented a number of tumors which he had removed from the bladder of a patient in St. Luke's Hospital, who gave the following history, which was kindly furnished by Dr. Ludlow of the house staff: "James McA., aged forty-nine, married, a car-driver by occupation, and a native of Ireland. His family history is good. About eight years ago he had a sudden hæmorrhage from the bladder while urinating. For two days previous he had micturition and pain at the symphysis pubis. From this time up to one year ago the hæmorrhages recurred at intervals of three or four months, and lasted about as many days. During all this time micturition was not very frequent, and he continued at work. About one year ago the quantity of urine voided steadily diminished for about one week, and then stopped altogether, and it was necessary to resort to catheterization. Since this time he has constantly used the catheter, as he has been unable at any time to pass more than a small quantity of urine, and that with great pain. The desire to urinate has become more frequent. The patient was sent to Dr. Little's clinic at the post-graduate school, by Dr. W. B. Wallace, about two months ago. "On examination, no calculus was found, and it was discovered that the introduction of a sound or a soft catheter was always followed by a fresh hæmorrhage into the bladder. He was able to hold his urine without pain for six or eight hours at a time. The symptoms indicating a growth in the bladder, he was sent to St. Luke's Hospital for an exploratory operation. A consultation was held and the operation advised. An examination of the urine showed pus, blood, mucus and triple phosphates. No casts or shreds of tumor were found.

"On October 27th Dr. Little performed median cystotomy. On introducing the finger, a number of soft tumors could be detected. These were situated at the trigone of the bladder, between, and extending beyond, the orifices of ureters. A number could also be felt attached to the upper surface of the bladder. The situation of these growths being distinctly made out by the finger, Thompson's tumor forceps was introduced, and the tumors were seized and twisted or bitten off from their attachments. It was found necessary to enlarge the opening in the bladder by a slight incision downward toward the prostate in order to introduce the forceps with facility. Twenty distinct masses, most of them seeming to be separate tumors, were removed. These varied from the size of a hazel-nut to that of a hickory-nut. They all seemed to be villous in character. A large number of small pieces, evidently torn off from the larger tumors, were also removed. The surface of the bladder, after the removal of these growths, was left considerably roughened. Two orifices, large enough to allow of the introduction of the tip of the finger, could be felt in the situation of the openings of the ureters. These seemed to be the dilated orifices of the ureters. The hæmorrhage during the operation was considerable, but not enough to be alarming at any time. After the operation was completed, the bladder was thoroughly washed out with hot boro-salicylic acid solution. This seemed to greatly lessen the hæmorrhage. The wound was left open, no tube or catheter being used. During the evening following the operation the hæmorrhage was very free at times. Dr. Hance, the house surgeon, tried injecting a solution of tannic acid without effect; finally he succeeded in controlling the hæmorrhage by packing the rectum with ice, and applying ice-bags over the pubes.

"October 28th.—Patient's condition is good. Temperature 99° F., urine stained with blood." Since the last notes in the history furnished by Dr. Ludlow, and read the society, the patient had been steadily improving, passing all his urine from the penis without pain, free from hæmorrhage, and without recourse to a catheter. The microscopic examination, of the tumor would be reported at the next meeting.—*N. Y. Med. Journal.*

FOREIGN BODIES IN THE EYE.—Dr. Agnew, of New York, writes;—*Am. Prac.*—"When a patient comes to you complaining of a sensation as if a foreign body were in the eye, you first examine the eyeball from every point of view. You should then turn over the eyelids and examine their inner surface. And here I am reminded of a source of error to which I would call your attention. A few days ago a case came under my observation which illustrates the point. The gentleman had had occasional attacks of conjunctivitis for a year or more. He had then a sensation as if a foreign