

pulse stronger; temperature, 100.2. (Dec. 27) 10 a.m.: Wound looks healthy; 9 drachms sero-sanguineous fluid sucked from tube. Pulse firmer, ordered to diminish brandy by one-half. 5 p.m., Dressing changed; 8 drachms sucked from the tube. Temp. 100, pulse 139. One-ninth grain of morphia and $\frac{1}{8}$ gr. atropine given hypodermically. Dec. 28, 10 a.m.: Patient seems easier. 1 oz. sanguineous fluid got from tube and sponge. Temp. 99.2, pulse 128. 2 p.m.: Temp. 100.4, pulse 140. Dec. 29: Hypodermic of morphia and atropine given at 1.30 a.m. and 10.30 a.m. At latter hour discharge was septic and offensive. Dr. Macdonald washed out abdominal cavity with warm carbolic lotion 1-100. 3 p.m.: Temp. 100.8, pulse 150; another hypodermic given. 10 p.m.: Abdomen again washed out. 12 p.m.: Temp. 102.4. Dec. 30: Temp. gradually rose to 103, then 104 at 6.50, when patient died. No post mortem allowed.

Observations.—This case presents points of special and unexpected difficulty. Considering that there was no free fluctuation in the tumor and that the patient was a healthy woman, there appeared no ground to expect unusual operative difficulty, except in the fact mentioned in the case that the tumor projected deeply down on the right side of the uterus. It would almost appear that in this case we had to deal with two huge enlargements of the Fallopian tubes. At any rate, from the peculiar shape of the tumor on the left side, there is the best reason to regard this as most probably of tubal origin. The parts comprising the broad ligament were so disfigured by pressure of the cysts that it was impossible even with the most careful scrutiny, to detect any trace of ovaries or tubes to make certain that the cyst originated in the tubes. But the close connection of each pedicle the tumors possessed with the upper angle of the uterus seems to imply an origin from the tubes. I cannot help thinking that, notwithstanding the severity of the case, all might have gone well had she not had in the large wound some rather putrid pus. The drainage-tube seems to have been a source through which the putrid fluids were made septic. I need hardly say that we used every precaution in our power by protecting the end of the tube from the air to avoid this result. Be this as it may, it is evident that the patient died of septicæmia in spite of all efforts.

POLYPOID FIBROMA OF THE BLADDER.

BY J. FULTON, M.D., M.R.C.S., ENG., L.R.C.P., LON.

Prof. of Surgery Trinity Medical College, Toronto;
Surgeon to Toronto General Hospital, etc.

Primary neoplasms of the bladder are exceedingly rare, and when they occur attract no small degree of interest from a surgical point of view. Sir Henry Thompson in his work on the Urinary Organs (second edition) says: "Tumors proper to the bladder are of rare occurrence. Simple fibrous growths, chiefly in the form of polypi springing from the walls of the bladder and wholly unassociated with the prostate, are the rarest of all forms, known to me personally only in museums. Prof. Gross, of Philadelphia, in his admirable work on "The Urinary Organs" also states that polypoid fibroma is exceedingly uncommon, "excluding the cases recorded by Lusitanus, Kirchner, Sylvius, Rollin and other older authors, and those in which villous hypertrophy is a prominent feature of the growth, fifteen cases of fibrous polyp have been collected, of which eight occurred in males and seven in females, their ages varying from thirteen months to 56 years. In only six were the subjects impubic, the average age being the 20th year. The duration of the disease ranged from five weeks to three years, the average being fourteen weeks. Dr. Stein, of New York, in an excellent monograph on this subject states on the other hand, that polypi are more common in early life than any other kind of tumor. The subject of the present history was a male child aged one year and eight months, the youngest of a family of eleven; eight living and three dead. One died of inflammation of the bowels, another of croup, both under one year, and the third a little girl of five years of age was accidentally killed. The parents were perfectly healthy, and this child was healthy at birth, but at the age of three months he had some eruption of the scalp which the doctor called "scald head." This was soon relieved by treatment, after which he seemed perfectly healthy until some months afterwards when he appeared to be suffering from internal pain and swelling of the scrotum. The parents consulted the ordinary medical attendant, who thought the child was ruptured, and recommended them to obtain the advice of a neighbouring practitioner. Upon examination he diagnosed hydrocele and removed the fluid. This was about two weeks after the child first began to complain.