

efforts and spurious pains setting in, I at once apply my hand or hands, and all is soon put to right; the spurious pains are checked; the womb is aroused; true labor pains are brought to work, and soon the wail of the new-born falls like sweetest music upon the ears of the hard-wrought mother and anxiously listening father.

I shall not attempt to give the *rationale* of the action of the pressure. I leave that to be explained by some of my more erudite brothers. I can hardly believe that it is pressure alone which gives such a happy result, as it has been confidently asserted that the combined force which is brought to bear upon the fœtus in utero in order to accomplish the act of parturition amounts to a little over 500 pounds. Hence, I can hardly believe that such a great thing could be consummated by the comparatively slight additional pressure imparted by the hand of the accoucheur.

PEDUNCULATED PAPILLOMA OF THE BLADDER.—SUCCESSFUL REMOVAL BY PERINEAL OPERATION.

E. B., thirty-seven years of age, was alarmed three years since by a very profuse hemorrhage into the bladder. The urine, he said, was black with blood. This condition came on without any apparent cause. Ever since he has had intermittent attacks of hæmaturia. The urine sometimes has remained free from blood for several weeks at a time. Until very recently urination has been painless and natural as to frequency. He has had two or three attacks of retention due to the presence of clots in the bladder. He has often passed large clots, but never any fleshy bits until within a fortnight. He has lost about seventeen pounds weight during the last three years, but is still strong and in very good condition.

The urine at the time of his first visit contained bright blood in moderate quantity. Some pus, two or three small phosphatic concretions, which he had noticed for the first time in the preceding day or two, and a good many small shreds, which, microscopically, were seen to be the most typical examples of a benign papillomatous growth.

Rectal examination gave a slightly greater sense of resistance of the bladder wall to the finger over a small area just above the right lobe of the prostate. There was also tenderness on pressure at the same point. This was interesting to me, as it has been generally stated that unless cancerous these growths could not be detected by touch in the rectum. Nevertheless, I have been able to locate the growth exactly previous to operation in this case, and in one which I operated upon by the supra pubic method last summer by rectal touch. In the former case the growth was small and delicate. Dr. Cabot confirmed the observation in that in-

stance. Bimanual examination was negative.

On April 23, with assistance of Drs. J. W. Elliot, H. W. Cushing and R. Lovett, I performed the principal perineal operation. Hemorrhage was free during the operation. The bladder was washed out with a hot solution of boracic acid four per cent.; and this perineal drainage-tube (of which I will speak in a moment), was tied into the bladder. The operation was long and tedious. The patient had delayed reaction, the pulse being very weak and 120 for twenty-four hours afterward. Bleeding continued to be steady and free for twenty-four hours, then gradually diminished, ceasing entirely on the third day. Vesical tenesmus was frequent and severe for twenty-four hours, due to large clots plugging the orifice of the tube. Throwing an ounce or two of boracic solution into the bladder dislodged them, and relieved the patient at once until another one came into the tube.

Since the first twenty-four hours this patient has declared that he never felt better in his life. There was no rise of temperature, except for a few hours one week from the date of operation, due to a slight epididymitis. I removed the perineal drain on the fourth day. He was moved from bed to couch on the fifth day. The urine is entirely free from blood, and only contains a very little pus, which comes from the prostatic urethra. Frequency of urination, once in four or five hours; and he can hold it all night. The perineal wound is nearly healed, and recovery may be said to have practically taken place in ten days from the date of operation.

Three months have elapsed since reporting this case, and at this date of publication the patient is entirely free from all symptoms, and perfectly well.—*Dr. F. S. Watson in Bost. Med. and Surg. Jour.*

ENEMATA; THEIR ORIGIN AND THE METHOD OF ADMINISTERING THEM.

No one who has been accustomed in important cases to superintend in person the administration of enemata, can well realize the beneficent potency of the remedy in many a fearful crisis with the sick. Ignoble as some esteem the service, there is always room for the display of tact and skill, and often demand the greatest coolness and judgment to rescue life in imminently impending danger. The carelessness with which an enema is too often ordered at the hands of an ignorant nurse; the indifference manifested as to its composition, its temperature, its bulk, and its manner of exhibition, evidences not only want of care for the comfort and health of the patient, but positive ignorance of the power invoked in its capabilities for good or harm. It is questionable whether a student of medicine ought to receive his diploma until he