

The spread of the disease from one eye to the other, by continuity through the optic nerve and tract, does not, as a rule, occur, though there is one authentic case on record, where the disease was shown to have extended from one eye to the other in this way.

After removal of the growth local relapses are not infrequent, their appearance being the more likely, the later the operation is performed.

As mentioned in the beginning of this paper, metastasis often occurs in distant organs or parts of the body, and is generally produced by the agency of the blood-vessels. Metastasis is most frequently found in the parotid and sub-maxillary glands, than in the mediastinal and mesenteric glands, the bones of the skull, sternum, &c.

It has also been known to occur in the liver, kidneys, but in one of my cases, this secondary tumour was situated on the cheek, a broad and clear strip of skin separating it from the glioma of the eye.

Duration.—One to two and a half or three years. Every case of glioma, not interfered, leads, without exception, to the death of the patient, from either general marasmus or septicaemia caused by the septic products or from loss of blood, cerebral disturbances or some intercurrent disease.

Age.—The age at which this disease is met with, varies from between foetal life to the tenth or twelfth years; most of the cases, however, occur between the first and 4th year.

Congenital glioma are generally bilateral.

Causes.—No definite causes are known except that heredity plays some part in the production of this disease. Two or more children of the same parents may suffer, and a history of a cancer or some form of malignant growth in the family may be elicited. Although often maintained, no connection between trauma and glioma has been yet proved.

Treatment.—This is clear enough, for it in no way differs from that adopted for malignant tumours in general. The diagnosis being fully established, there is no doubt that the early and complete removal of the growth, with the eyeball, offers the only chance of safety to the patient. Enuclation of the eyeball is absolutely necessary, and it is important to remember that the optic nerve should be cut as far backwards as possible. After removal of the growth, the cut end of the nerve should be examined microscopically.

If this is of normal size and contains no glioma cells, a good result may be hoped for. If, however, glioma cells be found in the cut ends of the nerve, the piece remaining in the orbit should be removed as far as possible. When the disease has invaded the eyelids, they should be removed also. Even the removal of the orbital bones and cauterization of the surrounding parts may be necessary.

I may mention that in all the cases which came under my observation, the eyeball was removed with the usual precautions, and the patients made excellent recoveries, gaining both in health and weight shortly after. Even in the last-mentioned case, the eyeball, as well as the secondary tumour on the cheek, were removed, and the patient made an excellent recovery in about six weeks' time, but whether this recovery was permanent or only temporary, I am unable to say with certainty, as none of the patients have yet returned, though the parents were advised and warned to bring their children back to me or to inform me, on the slightest recurrence of the disease.

A Mirror of Hospital Practice.

A CASE OF HERNIA OF THE BLADDER ASSOCIATED WITH INGUINAL HERNIA OF THE SAME SIDE.

By W. J. WANLESS, M.D.,

Miraj, S. M. C.

ANANT YASHWANT, a Brahmin boy of 8 years, was admitted into the Presbyterian Mission Hospital, Miraj, July 8th, 1901. He complained of a swelling in the left inguinal region, which was first noticed one year after birth. General health good.

Description.—Examination shows an ovoid swelling, occupying the region of the external abdominal ring and inguinal canal on the left side. The swelling, the size of an infant's fist, is somewhat more globular in shape than of an ordinary inguinal hernia, but otherwise, not unlike; the cough impulse is present. The swelling is apparently completely reducible, and patient says it is larger at sometimes than others. Swelling disappears when lying down.

Operation.—July 10th. Preliminary preparation for 36 hours in the usual way. Chloroform narcosis, time 1 hour.

The sac was exposed in the usual way, it being intended to do the Bassini operation. In separating the sac, while it was slightly distended, it appeared to be double, not unlike an hour-glass, the upper portion protruding through what appeared to be the internal inguinal ring. As the dissection was continued, this sac was found to have no connection with the lower one. It was opened and found to contain bowel which was reduced and the sac ligated by a purse string suture at the neck.

The lower portion now remained and had the appearance of a direct inguinal hernia. Supposing it to be a second hernial sac, it was opened and clear fluid escaped. The escape of the fluid and the thickness of the sac led to the suspicion that the bladder had been opened, and this was verified by the use of a catheter passed per

urethrum. The urine was now drawn off, after which it was found that the bladder protruded through an opening directly into the lower end of the inguinal canal and to which the wall of the bladder was adherent posteriorly. About one-third of bladder seemed to be external to the peritoneum. There was apparently no peritoneal covering of the protruding portion of the bladder. The incision in the bladder was closed by a purse string of catgut, over which two rows of Lembert stitches were applied, inverting upon itself the summit of the protruding portion. The wall of the bladder was then separated from the pillars of the ring sufficiently to reduce it beneath the abdominal wall. The conjoined tendon and internal oblique were then sutured to Poupart's ligament over the summit of the bladder. The external oblique was then sutured and the cord placed between this and the skin as in Halstead's operation. Fine celluloid thread was used for the two deep layers and a subcuticular stitch of catgut for the skin. Operation was completed with a dressing of acetaniled and bichlorid gauze.

Subsequent History.—After the operation it was elicited that the patient was in the habit of urinating frequently, but the act was otherwise normal. The wound was redressed the second day and seventh day and subsequently every alternate day until the 28th. With the exception of about half an inch at the upper end, the wound healed *per primam*. On the 16th day patient complained of great pain at glans and at base of penis at micturition, which was frequent. On the 28th he passed a small body, which, on examination, proved to be the knot of a catgut ligature incrustated with a deposit of lime salts. Micturition was subsequently painless and normal in frequency. He was discharged as "cured" on the 31st July, 22 days after the operation.

The following are the main points of interest:—

1. Shape of the swelling, not unlike that of an ordinary hernia. No depression separating the two sacs was discovered before operation.

2. The presence of an ordinary inguinal hernia through the upper end and a hernia of the bladder through the lower end of the inguinal canal; two distinct openings in the abdominal wall through which each hernia separately protruded.

3. The apparent reducibility of the hernia of the bladder, notwithstanding the fact that it was adherent to the abdominal wall at the point of exit.

4. The failure of the patient and his friends to observe any connection between the act of micturition and the size of the swelling.

5. The passing of the unabsorbed catgut ligature into the bladder and subsequently extruded *per urethram*, and which, when introduced into the wall of the bladder, did not penetrate the mucosa.

TWO RAPIDLY FATAL CASES OF TYPHOID WITH MARKED PNEUMONIC SYMPTOMS FROM THE ONSET.

By K. PRASAD, M.B.,

MAJOR, I.M.S.,

Civil Surgeon, Shwebo.

TYPHOID fever in India, especially among the natives, is nowadays receiving careful attention of every medical officer. The following two cases, which occurred in the jail in my charge, are, in my opinion, sufficiently interesting to be added to the record of those already reported:—

Case No. 1.—A Burman male, aged 23 years, sentenced to six months' rigorous imprisonment, was admitted into the jail in good health on 7th March 1901. For the next five weeks the man was never sick or sorry, and at the fortnightly weighments his weight showed a steady increase. His employment, previous to imprisonment, was cultivation, but in the jail he was employed on well work intra-murally. On 10th April he suddenly got unwell and was admitted into the hospital for fever and cough. His evening temperature that day was 105.4° and bowels were noted as costive. Next day his morning temperature was 104°, and that in the evening 105°. As dulness over the base of the left lung was also noticed, the case was diagnosed as that of lobar pneumonia. During the night the bowels moved once with the help of calomel. On the 12th his morning and evening temperatures remained the same, *i.e.*, 104°, but in the morning of 13th it came down to 103°, and the patient was reported to have slept well. Friction sounds were now heard all over the chest; and as the bowels had not moved for nearly 36 hours, a dose of castor oil was given. In the evening temperature rose to 105° again. On the 14th his general condition became decidedly worse. He had no sleep during the night, his tongue looked very dry and conjunctivæ congested. Later on in the day he became speechless. He had three motions in the day and the same number during night, and it was thought they were due to the oil given the previous night. Temperature varied between 104° and 105°. On the 15th, *i.e.*, the sixth day of his illness, the man was in a hopeless condition, quite unable to speak or move and simply gasping for breath. At 9 A.M. he passed away.

Post-mortem appearances.—Dura mater looked natural and brain surface very much congested. Upper part of the left lung collapsed and the bases of both lungs consolidated. Spleen soft, congested and enlarged (14 oz.). Liver hyperæmic and enlarged (55 oz.). First half portion of the ileum was covered by patches with reddish black water, and six of them in the lower half presented an ulcerated spot in the centre.

Case No. 2.—Also a Burman male, aged 37 years, sentenced to two years' rigorous