

Patient went home for a time, but on returning, examination revealed an intra-ocular tumor. The eye was removed. The tumor was found to occupy half the eye and was sarcomatous in character. It was now some eight months since the operation, and the patient had suffered no further trouble. The second case was that of a young man who had been referred to him by a medical friend in New York State. A tumor could be easily detected by the ophthalmoscope. There was some bulging of the sclera. The optic nerve seemed healthy. On examining the orbit nothing could be seen or felt of further growth. The patient did well after the removal of it, making a good recovery. Three months after, he came back. There was slight swelling of the orbit. He suffered also from gastric disturbances, indigestion, etc. The patient went home. Dr. Ryerson had since heard from the medical man in attendance that there was a tumor in the neighborhood of the stomach, growing very rapidly. It apparently had some connection, he believed, with the tumor of the eye, occurring as it did so soon after it. This was an example of those cases where the recurrence was not in the orbit, where it usually occurs, but in a distant part of the body. It was wise, therefore, in such cases to warn the patient of danger of recurrence.

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HEPATIC COLIC.—Alfred S. Gubb, in a recent number of the *British Medical Journal*, reports the cure of a case of hepatic colic from the administration of eight fluid ounces of pure olive oil, following a five-grain dose of calomel.

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OBLIQUE FRACTURES OF THE LOWER EXTREMITY.—W. Arbuthnot Lane recommends, in oblique fractures of the lower extremity, particularly those below the knee, cutting down and securing the ends with steel screws, in view of the difficulty of securing a correspondence of the axes of the fragments by the old methods, and of preventing the interposition of tissues between the ends in many cases.

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CASTRATION FOR HYPERTROPHIED PROSTATE.—Alexander says (*N. Y. Medical Journal*, May 11) in regard to castration for hypertrophied prostate that, in cases where sclerotic changes have taken place in the vesical walls, atrophic changes in the prostate would not cure the condition. In vesical atomy it would not restore the tonicity of the vesical muscle. The sudden lessening in the size of the organ may be due in large part to rest, fluid diet, and careful catheterization.