

tendons of the various muscles of the eye were then successively caught up with a blunt hook and divided. The eye ball being brought well forwards, the optic nerve was severed, and the eye rolled out entire. The only instruments used being the speculum, scissors, forceps and hook. The hemorrhage from the ophthalmic artery was arrested by the application of a little cold water. The cavity was then stuffed with lint and a pad placed over it; both eyes bandaged and the patient put to bed in a dark room.

Oct. 27 — There is but slight pain and very little oozing, with some healthy looking pus. His bowels being costive two Comp. cath. pills were given.

Nov. 1 — Discharge has almost ceased — complains of no pain. Bandage from right eye removed to-day.

Nov. 2 — States that his vision has improved, inasmuch as he was able to write a letter without the aid of his spectacles, a thing that he has not been able to do for a long time.

T. S., æt. 45, admitted Oct. 24th, under Dr Atkin's care, was crossing the railway track when an engine struck him and threw him 10 or 12 feet, and lighting on his left foot in a crotch of the rails, fractured his leg. The tibia and fibula were both broken, and about the lower third of the leg could be distinctly felt. The foot upon the outer side and on the sole, was entirely denuded of skin, the os calcis fractured, the astragalus fractured and dislocated forwards, the cuboid, and in fact nearly all the tarsal bones being more or less injured. The foot was œdematous, and cold blood flowing from the wound. An operation was determined upon at once, but the patient, after being placed upon the table, refused to allow the operation to proceed. He was then placed in bed and a poultice applied, the wound continuing to discharge an offensive sanious fluid, the foot growing colder and colder and becoming quite black, giving off a most horrible stench.

Oct. 25 — The patient, looking pale, haggard and worn, pulse rapid, and complaining bitterly of pain, still refused to believe that his leg could not be saved. Stimulants and morphine were given at intervals.

Oct. 26 — Patient sinking and still obstinate.

Oct. 27 — He has at last consented to an operation. The leg was amputated below the knee. On sawing the bones the tibia was found to be splintered high up, almost extending into the knee joint. The flaps were put up in the usual way and the patient placed in bed, with the leg elevated.

Oct. 28 — Large quantities of pus keep coming away, pulse rapid, tongue foul and coated.

Oct. 29 — The sutures had all to be taken out and the flaps fell apart, large quantities of pus flowing away; poultices to be applied.