me to expect. Nor was I disappointed, for on the next morning the eyes were most markedly better, though as the effect of the silver nitrate began to wear off after the expiration of 24 hours, the violence of the inflammatory process tended to increase again until it was checked by another application of the nitrate. It would be useless to detail the further progress of the case except to say that on one occasion I substituted a solution of chinisol for the mercury, only to bring about an immediate increase of the inflammation. This I was led to do partly because an eminent eye specialist once told me in conversation that he had completely discarded mercury for chinisol, and partly also because I myself thought that I had got better results with this drug in the treatment of seborrhoea than with other antiseptics, including perchloride. Though progress was slow, the nitrate always showed itself capable of checking the disease and in the end the eyes recovered completely, the cornea never from first to last showing the slightest sign of any injury to its epithelium.

I think that from these facts one can be certain in this one case at least:—1. That for irrigation the perchloride was superior to the boric acid, and still more so to the chinisol. 2. That while it was doubtful if a 1 in 4 solution of protargol had any effect at all upon the disease, the action of a solution of silver nitrate (10 grains to 1 ounce) was immediate and certain at all stages.

Swanage.

A CASE OF REUNION OF AN ALMOST SEVERED LEG.

BY THOMAS HAYES, M.D. EDIN., M.R.C.S. ENG.

THE report of three cases of rupture of the tendo Achillis recorded by Mr. W. H. Brown in THE LANCET of Jan. 19th recalls a very remarkable case which occurred in my practice 35 years ago, in which the tendo Achillis, the tibia, and the fibula were completely severed. The only parts that escaped amputation were the tendons and other tissues in front of the bones. The history of the case is as follows. In August, 1872, a youth, 18 years of age, the son of a farmer, was in a meadow in temporary charge of a pair of horses attached to a mowing machine while the mower was having his dinner. He ventured *proprio motu* to do a little mowing on his own account and the reins becoming entangled he went in front of the machine to set things right. The horses moved forward, with the result that his right leg was caught by the toothed blades of the machine and all but severed from his body. His mother at once set out in a dray car with her son, intending to go directly to me, a distance of 12 Irish miles. When about five miles on her journey she feared that he might bleed to death and turned to the next town where there were three resident medical men. None of them were available but a young army surgeon at home on leave examined the case and bound it up temporarily, as he recognised that it was a case for immediate complete amputation. One of the local medical men, who came home after some time, told the mother that immediate amputation was absolutely necessary to save the life of the young man and that no other course was possible. She, however, refused and said that she would rather her child should die than lose his limb. She came to me the next day, whereupon I advised her to consent to the inevitable and to allow the medical men to act according to their judgment. She, however, stated again that she would prefer he should die rather than lose his limb and insisted on my seeing him. On arriving at the place I found the almost severed limb turned up to the shin, a large plug of lint in the wound, and all well bandaged. When I removed the dressings there was no bleeding and the foot was quite warm, so that the anterior tibial blood-vessels were carrying on the circulation. I cleaned out the wound, removed from it some blades of grass, brought the parts together, and joined both ends of the tendo Achillis together by a very strong suture. I then sutured the wound, dressed it with lint-and-water dressing, put on a slipper with a strap attached and fixed to the knee to extend the foot backwards, bent the foot backwards, and kept the knee also bent. There was no constitutional disturbance, neither was there any pain in the wound or wounded limb.

The progress of the case was very hopeful. In five or six days there was some slight suppuration from the surface of the wound which I dressed with carbolic acid ointment. The wound was healed in six weeks. After a year had elapsed I

found that the patient had good use of his limb and walked about without a halt but with a stiff ankle-joint. The tendo Achillis at the seat of division became united to the tibia where it was cut across. Now, after nearly 35 years, he can walk about without any apparent lameness. There are a slight projection of the inner ankle and a sulcus over the cicatrix, but he has a better result than usually follows rupture of the tendo Achillis alone.

Rathkeale, county Limerick.

A CASE OF OPERATION FOR STRANGULATED CONGENITAL INGUINAL HERNIA PERFORMED UNDER DIFFICULT CONDITIONS AT SEA.

BY ARTHUR BAILIE FRANCIS, L.R.C.P., L.R.C.S. EDIN.,
L.F.P.S. GLASC.

ON June 1st, 1905, one of the stewards on board the Royal Mail steamer *Majestic* of the White Star line was suddenly taken ill and at 6 P.M. I, being the surgeon of the vessel, was sent for. I found him doubled up with pain, lying on the floor of the room which he occupied in common with the other stewards. Examination showed that he was suffering from a strangulated inguinal hernia of large size which had recently been forced down. He was about 21 years of age and came from an inland town; he had never been to sea before but being run down in health he hoped to get the benefit of a sea voyage by joining the vessel as steward. He said that he had had a small rupture from childhood but it had never given him any trouble before. As the man was groaning with pain I injected morphine and atropine and had him removed to a bath-room and immersed in hot water. I administered a full dose of tincture of opium by the mouth and endeavoured to reduce the hernia by taxis. The size of the swelling was about equal to that of an average infant's head at birth and my efforts were ineffectual. I left him in the hot bath for half an hour, and as both the hypodermic injections and the dose of opium given by the mouth had apparently no effect in relieving the pain I gave another full dose of morphine hypodermically and shortly afterwards made another attempt to reduce by taxis, but I was unable to produce any effect upon the tumour. I waited for 20 minutes and tried again with a like result. I then chloroformed the patient and used the taxis once more. The tumour was as tense as before and I could not produce the slightest effect upon it. We were then about 160 miles out from Queenstown, going westward, in the full heave of the Atlantic and a storm was blowing. I, however, decided that the only course left open was to operate although the conditions were very unfavourable. I informed the captain (Commander B. F. Hayes, R.N.R.) of my decision, and on giving him to understand the hopeless condition of the man—failing operative measures—he gave his sanction, and to his credit, be it said, offered to slow down the ship while I was operating in order to minimise as much as possible the motion of the ship and to stop her altogether when I had reached the most critical stage—namely, opening into the sac of peritoneum. Few captains would have felt themselves called upon to stop a mail steamer even for an emergency like this. I had the man removed to a hospital cabin and prepared him in the usual manner by shaving, washing, and scrubbing with antiseptics, &c., and after sterilising the instruments I began to operate at 10 P.M., four hours after I had first seen the patient. My only assistant was the hospital steward, a man who had only a slight knowledge of drugs and no experience of any sort of operation. I chloroformed the patient by the Edinburgh method and instructed the steward how to keep him under, the patient being held and his movements controlled by the chief third-class steward and another steward. I made the usual incision and dissected down carefully. When getting near the sac I sent to inform the captain who ordered the steamer to be stopped entirely for about 15 minutes, which had the result of rendering her almost motionless. I carefully entered the sac and relieved the strangulation with a hernia knife and director. In the neck of the sac I found an undescended testicle, which I left *in situ*. There was little hæmorrhage and I sutured the wound and dressed it in the usual manner, and had the man comfortably in bed at about 12.30 A.M.

During the operation the chloroform had been pushed too vigorously by the steward and the patient stopped breathing, so that I had to pull out his tongue and employ artificial