forward into the orbit. The sudden onset was due in each case to haemorrhage from the growth.

Mr. N. Bishop Harman, of Middlesex Hospital, kindly cut sections of the growth, and reports it to be a small, round-celled sarcoma with many spaces, thin walled blood-vessels, and haemorrhages. It is of a most malignant variety, as in this case death was caused in ten weeks from the onset of symptoms.

Case 2.—Dr. H., age 33, service twelve years and six months. Admitted November 23rd, 1903, complaining of dimness of vision, especially at night. Right vision $\frac{1}{2}$, left vision $\frac{1}{3}$. Hm. in both eyes $\cdot 5$. Vision not improved by glasses.

Fundus.—In each eye showed a general dull reflex, and appeared darker than consistent with his colouring. One or two spots of peripheral pigmentation. Discs looked whiter than normal by contrast. Refractive error very slight.

On December 12th, 1903, patient was noticed to have a few petechial spots on chest; the gums were spongy, and patient stated he had eaten no vegetables for two and a-half years. He was ordered vegetables and lime-juice, and chloride of calcium was given internally.

On January 2nd, 1904, right vision $= 7$, left vision $\frac{1}{3}$; dimness of vision at night had quite disappeared, and patient was discharged to duty.

AN UNUSUAL CASE.

By Captain W. A. Ward.

Royal Army Medical Corps.

I am induced to record the following case by reason of the unusual nature of the injury and its ultimate recovery.

When doing duty at an Indian Station, in 1903, I was one afternoon taking part in a paper-chase. At the finish, a Major of a British Cavalry Regiment was missing, and someone remembered seeing him fall at a small water jump about three miles away. Another officer went to help him, and found him walking slowly and holding his handkerchief up to his left ear. He stated that he had had a fall and had hurt his ear, and must have been unconscious for a short time, as he remembered nothing about it. He had to walk about four miles to the Station Hospital, where I saw him about two hours after the accident. On removing the handkerchief which, as well as his coat, was covered with blood, I saw that the whole of the external ear was cut off, almost as clean as if cut with a razor, and was merely hanging by a thin thread of skin at the lower angle. The wound was very dirty with bits of grass and mud. The patient was rather blanched and weak from loss of blood. At first I thought it was useless to attempt to sew it on; then I considered that
Clinical and other Notes

there could be no harm in giving it a chance, but the patient refused an anaesthetic, and after each stitch begged me not to go on, and that he would rather not go through the pain, with only a small chance, if any, of success. I begged him, however, to let me try, but it was with great difficulty that I could insert a stitch. After an hour I had it fairly well in position. It was then irrigated with warm boracic lotion, also with boiled warm water, and sterile dressings applied. A pad was put behind the pinna to keep it in position, and large pads of wool applied and bandages. I did not remove the dressing for three days, then only very carefully, to see how things were. The ear was a very dark blue colour, almost black, and quite insensitive. The dressings were a good deal blood-stained, with a little discharge. Some of this was carefully removed and clean pads applied. On the sixth day the dressings were again carefully removed, and the ear looked a better colour, especially the upper part; there was no sensation. A few stitches were removed. I irrigated it very carefully with warm boiled water and re-dressed it. On the tenth day the ear was of a much better colour and the circulation was clearly established. The patient stated he felt "pins and needles" in it, and the stitches were removed. From this point the progress to recovery was uninterrupted, except for a small area at the lower part where the flesh was much confused, which sloughed off and granulated. At the end of five weeks the ear was completely healed, and now, unless attention is called to it, a casual observer would not notice anything wrong. As to how the ear was cut off, no light can be thrown, unless it was by the horse's hoof, but there was no mark whatever on the face.