laryngoscope it could be seen that the disease extended as far as the commencement of the oesophagus, and the mucous membrane of the arytenoid cartilages and the ary-epiglottidean folds were closely studded with tubercles, some having attained the size of a small pea. Partly from this condition of the mucous membrane, and partly from the irritability of the throat, inducing reflex spasms at every introduction of the laryngeal mirror, and partly, also, from the condition of the tongue, precluding the possibility of grasping it with sufficient firmness, the vocal cords could not be brought into view. However, from the peculiar hoarseness of the voice, there can be little doubt that the disease extended to the cords. There was no evidence that the disease had spread further into the gastro-pulmonary mucous tract. There was no tendency to diarrhoea. No fœtor of the breath. The urine contained no albumen; its sp. gr. was 10.20.

A careful examination of the surface of the body failed to reveal the presence of anaesthesia anywhere.

The treatment adopted in this case may be dismissed in a very few words; at first, iodide of potassium, and afterwards arsenic and cod liver oil, along with simple warm baths. I need hardly say no perceptible effect was produced in three weeks, the length of his sojourn in hospital.

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**Art. XII. — Notes on Operative and Conservative Surgery.** By **Austin Meldon**, Licentiate of the King and Queen's College of Physicians and of the Royal College of Surgeons, Ireland; Surgeon to Jervis-street Hospital, and late Demonstrator of Anatomy in the Catholic University of Ireland.

I. **Double Depressed Fracture of the Skull—Trepining—Hernea Cerebri.**

II. **Gunshot Wound of the Arm—Gangrene—Amputation at the Shoulder-Joint**

III. **Gunshot Wound of the Abdomen.**

IV. **Fracture of All the Bones of the Face.**

V. **A Few Cases of Amputation—Primary Amputations of Shoulder and Arm.**

*Dr. James Little, to whom I had the pleasure of showing this patient, said that, having been in the East, in parts where leprosy was not very uncommon, he recognized this man’s voice as being most characteristic of the disease.*
VI. ELEPHANTIASIS OF THE LEG—CIRCULAR AMPUTATION OF THIGH.

VII. AMPUTATION OF THE THIGH BY DOUBLE FLAP OPERATION.

VIII. LARGE ULCERATED SCIRRHUS TUMOUR OF THE BREAST—AMPUTATION—RECOVERY.

IX. RAPID GROWTH OF A FATTY TUMOUR OF THE BREAST—REMOVAL.

X. EPITHELIOMA OF THE HAND—AMPUTATION OF THE FOREARM.

XI. TWO CASES OF AMPUTATION OF THE FOREARM, THE RESULT OF HUMAN BITES.

XII. STRANGULATED INGUINAL HERNIA—ARTIFICIAL ARMS.

XIII. A Т-SHAPE FRACTURE OF THE FEMUR EXTENDING INTO THE KNEE-JOINT.

XIV. RUPTURE OF THE URETHRA—EXTRAVASATION OF URINE.

I trust that the following notes of operative and conservative surgery may be found by my professional brethren worthy of a perusal. The first case speaks for itself. A case of recovery after a double operation of trephining, where the operation has been performed before symptoms of compression set in, carries with itself sufficient interest. The next two cases are gunshot wounds. In one I tried to arrest spreading gangrene by amputation at the shoulder-joint. In the other the bullet entered the abdomen, producing no other bad symptoms than retention of urine for several days. The case of fracture of all the bones of the face shows what nature and conservative surgery acting in harmonious combination are capable of doing. In the case of elephantiasis, although the affection presented all the appearances of true Arabian elephantiasis, it was preceded if not caused by acute inflammation of the lymphatics. My senior colleague, Dr. Stapleton, proposed to call the affection Chronic Angeio-leucitis. In removing the extremity I performed the circular operation, and for sake of comparison I give the short notes of a case in which I performed the double flap. I believe that in every case where there is much exhaustion the circular is a far better operation than any of the various flaps which have been recommended. I record a case of amputation of the breast where the scirrhus had already ulcerated, and where more than one gland in the axilla had become engaged; notwithstanding which, the patient recovered, and has not since had any symptom of a return of the disease. I conclude