

external malleolus gave out a small piece of dead bone. At the present time the patient is occasionally to be seen walking about without perceptible lameness, and it is only after prolonged walking that there is a slight halt. The scar is a little over three inches long. At the time of the accident the anterior tibial artery was torn through, the upper end of its distal portion, hanging down over the lower edge of the wound. The vessel was well closed and gave no trouble.

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*Case of Encephaloid of Skin of Forehead.*

In September, 1871, I was asked by Dr. Fraser, of Bay Roberts, to see, with him, a man nearly seventy years old, with a large tumour exactly resembling a door-handle—a rounded knob with a narrow pedicle—growing near the right temporal ridge. A second growth, flattened and raised about one-fourth of an inch above the surface was found near the right cheek-bone. The pedicle of the large growth was tightly ligatured, and then both growths were smeared over with chloride of zinc, worked up into a paste, with its own bulk of starch and a few drops of water. Both sloughed clear away after a few days, a second application being made to the site of the pedicle of the large growth. All went well and there has been no return of disease.

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In July, 1871, I was called to see a case reported by myself in the *Canada Medical Journal*, for October, 1869. Elephantiasis Arabum, affecting the left leg and thigh of a woman aged 38. As stated in the report, the limb reduced very considerably after ligature of the external iliac artery, but speedily resumed its original dimensions. I was called on account of hæmorrhage, the result of sloughing occurring at the inner aspect of the calf. I found a large putrescent mass emitting a most sickening odour, and at once suggested amputation high up. This was assented to, and on the 31st August, with the kind assistance of Dr. Howley, from St. John's, and Dr. Fraser, from Bay Roberts, I amputated through the upper third of the thigh, cutting a skin flap posteriorly, and, by transfixion, a muscle and skin flap anteriorly. No vessel was found enlarged to any remarkable extent, and the number of ligatures applied was not greater than would be required in the same position in any other case. The patient had become exhausted to an almost dangerous extent before the operation, but as such cases will, made a very good recovery. She is now stout and hearty, and able to get about very actively with the help of a crutch.