

mucous membrane, it is not surprising that one gramme of cocaine injected into the urethra should cause death; and the large quantity employed was the sole cause in this case. It had already been laid down that 15 to 20 centigrammes should not be exceeded, and that the solution should not be more concentrated than 2 per cent. It was also pointed out that the recent injury done to the urethra would largely contribute to the rapid absorption that evidently took place.—*La Sem. Med.*

Carcinoma of the Skin Over the Mastoid, Originating Apparently in a Suppurating Retention Cyst; Surgical Removal; Skin Transplantation.—

A man thirty-five years old came to the surgical clinic of the College of Physicians and Surgeons early in August, 1894, with a large carcinoma over the left mastoid. He said there had been for many years a wen at this point, when at length it was accidentally broken and discharged matter, water, and blood for a long time. About two years ago it began to thicken up and spread. This tumor had been "removed" six months previously with caustics at a celebrated cancer cure. The lymph glands in the neck were only slightly enlarged. The ulcer was now 1½ inches in diameter and extended on to the lobe of the ear. The mastoid itself seemed to be involved. After a microscopical examination had confirmed the clinical diagnosis, the patient was prepared for an operation by shaving and cleaning the face, head, and neck. All hair was removed. The neck, ear, and scalp, and even the back, were covered with an antiseptic dressing the night before the operation. The usual preparations for the anæsthetic were made. The operation began at the clavicle, with an incision extending upwards to a point half an inch below the root of the ear, and parallel with the external border of the sternocleidomastoid muscle. The skin was carefully dissected back from the muscles and fat; and at last all the glandular tissue, the fat and the sheaths of the muscles, including all the platysma, were very thoroughly and cautiously removed, beginning at the first rib and going forward to the middle line and backward to the trapezius. This wound was then filled with gauze, and the tumor removed, together with all the tissues within two centimeters. It was necessary to sacrifice the lower half of the

auricle. When the mastoid was reached it was chiselled off the same as is done in mastoid supuration. There was no evidence of disease in the bone. The blood-vessels of the neck were all exposed from the clavicle to the lower jaw, and the open space after coaptation of the skin of the neck was about the size of a man's hand—extending from in front of the ear backward upon the neck. A large muscular flap was loosened up from the back between the shoulders, and its lower end carefully sewed into the upper end of the defect. The shoulders were tied together, and almost all the defect on the back closed. The flap grew perfectly, and the union was complete at the end of a week. There was no sepsis and no infection, except in the lowest point of the wound on the back, where two inches closed by granulation. The patient was seen a month after the operation. A vigorous beard almost entirely covered the deformity. The loss of the lower half of the ear was not conspicuous. No return of the carcinoma up to November 15th.—BAYARD HOLMES, M.D., in *American Lancet*.

Report of a Case of Congenital Atresia of the Naso-Pharynx.—

Mrs. M. came to my office with her daughter, an infant aged seven months, to consult me in regard to the difficulty which the little one experienced in breathing. The baby was small for its age, and in appearance resembled a child poorly nourished. It was thin, its face looked old and tired, and its skin had not the vital glow that indicates a sound body. Its inspirations were accompanied by a loud wheezing and rattling, and the difficulty of breathing was shown by the increased motion of the face, and especially of the muscles at the sides of the neck. This noise, the mother said, was constant, whether the child was sleeping or waking. The history given me by the mother was that from the time the baby was born she had observed the same snuffling, rattling sound in breathing. The nurse at that time thought the little one had contracted a cold. The physician in attendance at the birth had prescribed an ointment of some kind for the chest and nose. No improvement being noticed, other physicians were consulted—one of whom asked the father if he had ever had any specific venereal disease, and put the child upon a course