

lings behind the ear. A nœvus over the right temple had lately become involved. The patient had sought relief for the intense pain. No dead bone had been seen or detected by the probe. Topical treatment gave no relief. The opinion of the society was asked as to the possibility of the lesion having become epitheliomatous.

Dr. Atherton thought it had the appearance of keloid. The pain was doubtless due to the constant traction on the surrounding skin.

Dr. W. H. B. Aikins inclined to believe it epithelioma.

Dr. Davidson expressed the opinion that, in either case, the treatment of fine parallel incisions, as advised by Dr. Fox, of New York, might be effectual.

STENOCARPINE.

Dr. R. A. Reeve made some interesting remarks about the new local anæsthetic, stencarpine. (See page 357.)

FRACTURE OF LARYNX.

Dr. Atherton read a paper on a case of probable fracture of the larynx. (This appears on page 355). In the discussion which followed, Dr. McPhedran stated that laceration in the mucous membrane seldom occurs without concomitant fracture of the larynx. A small opening in the membrane would suffice to account for the great emphysema, if there were obstruction above the seat of the fracture.

Dr. Nevitt related a case in which a young lady had twisted her neck in falling. There was sudden severe pain, tenderness down the left side of the larynx, and persistent attempts at swallowing.

CEREBRO-INFANTILE PARALYSIS.

Dr. McPhedran reported a case of cerebro-infantile paralysis. The history had been that of ordinary infantile paralysis. Hemiplegia was complete on the right side. The power to articulate was absent. Sensation was normal—an unusual thing. There was no hereditary tendency. The paralysis is passing away rapidly. Authorities state that in these cases the prognosis for complete recovery is unfavorable.

STATED MEETING, Oct. 13th.

UN-UNITED FRACTURE.

Dr. G. B. Smith showed a case of un-united fracture of both bones in the leg of a child of three years. The lesion had occurred when the boy was six weeks old. He had moved about for a time by means of short co-aptation splints. There was ligamentous union; the bones being much smaller than those of the sound limb, while there was about three inches of shortening.

There was a short discussion as to treatment, and as to the exact cause of the atrophy in both fragments.

SCARLATINO-DIPHTHERIA.

Dr. Graham reported a case of diphtheria in which, on the fifth day, the punctiform rash of scarlatina had developed. The history of diphtheritic infection was clear, while the rash was unmistakable. It appeared first upon the chest and covered the entire body. The throat presented the diffuse redness incident to scarlet-fever. He believed this to be a case in which the two diseases were combined. The patient had died.

Drs. Carson and McPhedran had seen similar cases.

CASE IN PRACTICE.

Dr. Hamilton showed a patient, a portion of the side of whose thumb had been split off with an axe, exposing the bone. Although the piece, two inches long, was entirely severed and had remained so for some minutes, union had been secured by first intention, without sutures.

PLASTIC OPERATION.

Dr. Carveth showed a section of the nose, with the cartilage attached, and a photograph of the recovered patient. Excellent results had been secured by skin-grafting and a plastic operation.

Dr. McPhedran then gave the history of

A CASE OF EPILEPSY AND THE POST-MORTEM NOTES.

M. C., aged 76, of good family history. As a boy he was apprenticed to a farmer who used him cruelly, striking him, on one occasion, a severe blow on the vertex. As a young man he displayed more than ordinary ability, and was energetic in his business. Forty-one years