

minims diluted with water, with which it makes a milky-looking mixture. The tincture has a strong and characteristic odour and taste, and is of a bright maize colour. It may be given with iron, if a greenish colouration be permissible. Birmingham.

A SINGULAR CASE OF AURAL GROWTH.

BY GORDON HOLMES, M.D.,

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THE following case is probably unique in the published annals of ear disease, and therefore deserves to be placed on record.

In the latter end of 1889 T. A. H—, a healthy-looking and well-grown boy of fifteen, was brought to me on account of deafness of one ear, which had only just been discovered. On examining the right meatus I found the entrance veiled by a film of purulent discharge. When this was cleared away a growth came into view, having the appearance of an ordinary polypus and filling up the meatus to within a couple of lines of its external outlet. To the probe this growth evinced an unusual firmness, and I concluded that I had to deal with a polypus of remarkable toughness. I applied Wilde's snare, however, in the ordinary way, but brought away only about a quarter of an inch of the growth. Again I essayed, but the second time removed only a thin slice, less than a line in thickness. Exploration with a probe now revealed the fact that the meatus was blocked at about a third of its length from the outside by a solid body, presenting all the characteristics of an exostosis, from the external face of which the soft growth had arisen. Under suitable treatment with astringents &c. the raw surface healed up, and as soon as the parts were clear of all discharge it was found that hearing was as perfect, or nearly, as with the sound ear. Nevertheless by ocular inspection it was scarcely possible to detect a crevice through which the sound waves could reach the tympanum. No doubt there is a cavity behind the projecting bone, and, on the principle of hydraulics, a very small aperture is sufficient to influence fully from outside the body of air contiguous to the tympanic membrane. Whether the stenotic condition of the meatus is due to some congenital deformity or to an ordinary exostosis it seems not easy to determine, but I incline to believe that there is a morbid growth from the bone. I have recently heard of the case, more than a year having elapsed, and it appears that the boy has suffered no inconvenience since the local treatment was finished, so that up to date the ear remains practically as useful as if unaffected. An operation is therefore deferred *sine die*, unless further symptoms arise which may demand it.

Cases of exostosis of the auditory meatus are extremely rare—from my own experience,—not more than one in 3000 ordinary instances of ear disease. In two previous cases I have seen there was a purulent discharge, apparently from behind the growth. In such instances I have read that a soft polypus has been discovered posterior to the exostosis after its removal. Ordinary polypus of the ear is decidedly frequent—fully 2 or 3 per cent. of all ear cases. They occur at all ages up to about forty, and I have seen at least one in an infant of a few months old. I do not remember seeing a case after forty, nor do I think they often have their origin much beyond the period of adolescence.

Finsbury-square, E.C.

A CASE OF MONSTROSITY.

BY W. ARMSTRONG, L.R.C.P., L.R.C.S. &c.

ON Feb. 7th I was called to attend on Mrs. C— at 2 P.M. in her second confinement. She did not expect the birth till the end of March. About 11 A.M. the membranes had ruptured, and a large amount of fluid escaped; from that time until my arrival there had been regular though slight hæmorrhage. On examination the rectum was found to be loaded with feces, the os being about the size of a threepenny piece. An enema of soap and warm water was administered, and the bowels were freely opened. As there were no pains for an hour and a half I left, promising to call later on. I returned at 7 P.M. The patient had had strong pains since four o'clock. On vaginal examination I felt in

the vagina a rounded mass, which I took to be a shoulder, and on pushing the finger onwards I felt four or five sharp bony prominences, above which was a soft mass. I then pulled on the arm, and brought down a very small hand. I then introduced three fingers, and hooked on to the foetus and pulled it down. The placenta was dislodged in a similar way. In this case there was no history of shock or fright during pregnancy. The previous (first) confinement was characterised by complete inertia, and the child was stillborn. Patient is always very anæmic. The foetus presented the following appearance:—Sex, male. Length between seven and eight inches. The head was continuous with the body, back, and front, the neck being absent. The limbs were long, and feet and hands relatively large; the abdomen much swollen. With these exceptions the body was normal in appearance. The face resembled that of a frog, the eyes very protuberant, and the tongue protruding



from the mouth. Immediately above the eyes the head presented a flattened surface at right angles with the face. The skin of the face was continued over this surface to about the level of the ears, from which line backwards extended a thin red membrane, which had evidently contained fluid, and formed a sac, and this membrane continued backwards down the spine, forming the roof of the open vertebral canal. Just behind a line drawn between the two ears were two bony prominences on each side, projecting vertically considerably above the flat upper surface of the head. Immediately behind the remains of the sac, in the occipital region, was a deep depression, and thence down the spine extended a broad open groove, bounded on either side by six bony prominences, and terminating just above the sacrum. The sketch conveys a very good idea of the appearance of the monster.

Pontesbury, Salop.

CASE OF PUERPERAL FEVER COMMENCING NINE DAYS AFTER DELIVERY.

BY GEO. H. SALTER, L.R.C.P.ED., M.R.C.S.ENG.

I THINK a few notes on this case may be of sufficient interest to find a place in the columns of THE LANCET.

On Aug. 30th at 7.30 A.M. Mrs. D— gave birth to a male child, this being her fifth confinement. She was attended by a midwife. On Sept. 8th at 11 A.M. by request I first saw Mrs. D—. The woman in attendance told me "the labour had been easy, the afterbirth coming away half an hour after the child, and that until 9 o'clock that morning the mother had been doing splendidly. At that time she began to shiver, looked strange about the eyes, and talked queerly. She had had plenty of milk, had suckled the infant several times through the previous night,