into the lower part. I refused operative interference, owing to the child's condition, and directed oiled lint to be applied. The child vomited after everything it took, and finally died four days after birth. It was found post mortem that the peritoneum had become glued to the liver, and there was evidence of recent inflammation in the surrounding structures, but no other viscus, however, presented through the opening. The heart was the only other organ which called for attention. There was marked beading of the mitral tricuspid and pulmonary valves due to recent endocarditis attacking both sides of the heart.

Remarks.—As is well known the abdominal wall in front is formed of the epiblast and somatopleure layer of the mesoblast gradually closing the contents in, the last part to close being the umbilical region, which as late as the third month of foetal existence normally allows a protrusion of intestine. Should development at this stage become arrested the condition described in the cases occurs. I am unable to say what relation the endocarditis of the second case may bear to the condition, or the cyanosis in the first. Galabin states in his "Midwifery," page 332, "the condition 'exomphalos' is often combined with other malformations." Treatment may be divided into operative and palliative. Ashby and Wright, in their "Diseases of Children," mention two cases which were operated on, in which the sloughing part was dissected away and the opening closed by sutures, but both were fatal; but if the protrusion is reducible, I think nothing answers so well as keeping the hernia reduced, and the wound free from friction by means of oiled lint, and as the cord separates and the amniotic covering withers, to dry the part up with a good disinfecting powder. I was much pleased with Chinisol, it seemed to promote granulation, and it completely deodorised the wound. Chinisol is a new disinfectant, its properties being mainly due to the liberation of oxychinoline in the presence of an alkaline medium, wounds, bloods, &c. For further particulars see THE LANCET report, Feb. 29th, 1896.

Ramsgate.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ACEPHALOUS INFANTS.

BY R. H. D. MAHON, L.S.A. LOND.

I READ with interest Dr. J. L. Kerr's article in THE LANCET of Aug. 8th under the above heading, as I have had two very similar cases myself. In both cases the acephalous child was one of twins, the normal child being born first and the other following in about five minutes without any difficulty. In the first case the mother was a primipara aged about nineteen or twenty years. On the normal child being born I was unable to diagnose the presentation, but the second child was born almost at once, the base of the skull presenting. The only sign of life was a slight convulsive movement of the body. The skull was not developed beyond the base, the upper part of both orbits were absent, the eyes being covered only by the lids. The lower part of the face was quite normal, as was the child in all other respects. The other child was living and healthy. In the second case the mother was a multipara aged about thirty-five years. She had never had twins before; her other children were healthy and without any deformity. In this case also the first child was healthy and living. In the second one the upper part of the skull was absent to the same extent as in the cases described by Dr. Kerr—namely, above an oblique line passing from just above the orbits above the ears to the occipital protuberance. The body was that of a healthy normal child. There were no signs of life.

In neither of these cases was there any history of injury or fright to the mother. It never occurred to me that these might be cases of intra-uterine amputation, but rather arrested development from some cause, in my cases perhaps the pressure of the other foetus.

Earl's Court-road, W.

NOTE ON A CASE SHOWING THE INTIMATE RELATIONSHIP BETWEEN THE PROSTATE GLAND AND TESTICLE, AS ALSO THE INFLUENCE OF ONE DISEASE ON THE OTHER FOR GOOD.

BY JOHN R. GIBSON, M.D. GLASG., ETC.

A MAN aged between fifty and sixty years, afflicted with enlarged prostate gland and requiring the use of the catheter before any urine could be drawn off, recently became afflicted with acute orchitis of one testicle, the orchitis being probably caused by the irritation of the catheter, as great difficulty was experienced in passing it. Almost immediately after the onset of the orchitis he could pass urine more or less freely, an act he had not performed for over a year, and the whole bladder symptoms underwent great improvement—an improvement which I am glad to state has continued since the orchitis got better.

Paisley.

A CASE OF MALIGNANT PUSTULE; RECOVERY.

BY WILLIAM C. ELLIS, L.R.C.P., L.R.C.S. EDIN., ETC.

CASES of malignant pustule occur so very rarely in country practice that details of a case which came under my care during the past month will probably be of interest to many of your readers, particularly as they illustrate the very satisfactory results attending radical surgical treatment, even after the appearance of severe constitutional symptoms.

The patient, a farmer's son, came to the surgery one morning with two very characteristic pustules, each having a black eschar surrounded by a well-marked ring of vesicles, upon the fingers of his right hand. These were considerably swollen and the lymphatic glands in the axilla were enlarged and tender. He told me that about a fortnight previously he had been dressing sheep for "maggots," and one becoming restive he had struck at it and wounded his fingers upon its teeth. He, however, took little notice of the injury and continued his employment till finished. The wounds partially healed, but two days previously they had become inflamed and irritable and the blebs and swelling had appeared. Early that morning he had had a rigor. The appearances and history were so suspicious that I determined to have another opinion. Twelve hours later Mr. E. B. Hicks of Easingwold, his son, and myself again examined the lad. The arm as well as the hand was now greatly swollen and the lymphatics running to the axilla were red and tender. Our consultation resulted in an unanimous opinion that we had a case of malignant pustule to deal with, and that the free removal of the wounds and surrounding indurated parts was the only treatment likely to be of service. This was done, and the raw surfaces well swabbed with iodine liniment (1 in 8) and then dressed with boracic dressings. The lad slept well during the night, the hand and arm being much less swollen and the temperature at 99.5° F. on the next morning. On the fourth day after I re-dressed the wounds, which were healthy, while the temperature was normal and the lad was feeling quite well.

That this was a genuine case of malignant pustule I think there can be but little doubt. The farmer stated that his flock were healthy, but there have been cases of anthrax in the neighbourhood, and it is probable that the infection was in the wool of some of the sheep, the patient's fingers becoming inoculated by contact with it subsequent to the injury.

Tollerton, Yorks.

EARLY APPEARANCE OF SCIRRHUS OF THE MAMMA.

BY HENRY E. HAYCOCK, M.R.C.S. ENG., L.R.C.P. EDIN.

THE following case, owing to the age of the patient and consequent difficulty of the diagnosis, appears to be worth recording.

A single woman aged twenty-two years came to me on July 23rd of this year complaining of a lump in her right breast. She was an anæmic, sallow-skinned, fairly well-developed woman. Her previous health had been good and she gave no history of any injury. Her parents, alive and