penis. The scrotum is cleft in the median line; the closure or non-closure of this cleft determines whether a true scrotum or a vulva shall be the result. But it is easy to understand that we cannot have at the same time in the same person closure and separation of the parts, a scrotum and labia majora. Complete hermaphroditism, therefore, cannot exist; we may find simply malformations capable of raising doubt as to the true sex.

With regard to hermaphroditism of the internal organs, Brouardel recognizes four chief varieties: we may find (1) two ovaries and two testicles, (2) two ovaries and one testicle, (3) one ovary and two testicles, and (4) one ovary and one testicle. Examples of either of these varieties are extremely rare. To these should be added a fifth and still rarer abnormality, in which the individual (a male) has two testicles and something like a uterus.

The cases which have a more immediate practical interest in their medico-legal relations are those of pseudo-hermaphroditism, which consists generally in an arrest of development of sexual organs in the male and in an excess of development in those of the female; of the former, a typical example is hypospadias. The subjects of this deformity are usually cryptorchids. In the female, spurious hermaphroditism is found illustrated in an exaggerated development of the clitoris; to this is joined sometimes an obliteration of the vulva. In hypospadians, the rudimentary penis shows at its base a groove, a kind of cutaneo-mucous frænum beneath it; this the author has never found upon the clitoris, and it is in his opinion an essential characteristic of the male sex. Then, on the other hand, the cleft scrotum of the hypospadian, showing in its two halves a resemblance to the labia majora has nothing analogous to the labia minora; there is no case of a hypospadian with nymphæ or a hymen.

Clinical Memorandum.

SINGULAR SUCCESSION OF SYMPTOMS IN A CASE OF MALIGNANT DISEASE.

BY GEORGE A. OVIATT, M.D., OF SOUTH SUDBURY, MASS.

MAY 10, 1880, I was called to see Mrs. M. G., who had been suffering for some weeks from loss of sleep. She was fifty years of age, the mother of one child, and had had one miscarriage, fifteen years previous to my visit. She was of unusually dark complexion, of medium height, rather thin, and had just passed the change of life. She had never been ill, and had been able to perform her accustomed duties without any assistance, save at the time of her confinement.

I found her suffering not only from insomnia, but melancholia. She was much disturbed lest the family should come to want, although in very comfortable circumstances. She had been taking bromide of potassium with some preparation of valerian, but had *not* been much benefited thereby. I ordered large doses of the bromide combined with chloral, after taking which she was able to get more sleep, but the depression of mind was in no way relieved.

At the end of a week an eruption of a bright red color appeared on her lower extremities and trunk, showing a decided tendency to spread. The second day after it was discovered it had assumed a darker

shade, and covered almost the entire body. At first, I had supposed it to be caused by the large doses of bromide of potassium administered, but now thought it must be cutaneous erysipelas. The pulse, on the morning of the second day, was 120 a minute, the temperature 104°. The heart-sounds were weak, and that organ seemed taxed to its utmost.

The third day, in view of the gravity of the symptoms, I requested a consultation, and Dr. Z. B. Adams was called in. He confirmed my diagnosis of erysipelas, and feared that there would be a failure of the heart's action, as almost all the cuticle was involved. It was decided that twenty drops of tincture of chloride of iron and a desert-spoonful of whiskey should be given in alternation every two hours. The topical application used was a solution of acetate of lead, applied, where it could be, with any convenience.

At the end of six days the erysipelas departed, followed by a very marked desquamation, large patches of old skin coming off in many places, leaving a new and very sensitive cuticle in its place. During all this time the melancholia had been absent, and the patient had been able to sleep well, except when kept awake by the itching of the cuticle.

As bodily health returned the mind was again affected, and as badly as before. At her husband's request, I saw Dr. C. F. Folsom, and by him was encouraged to think that after the change of life was fully established the melancholia would cease. He advised a change of scene for six months, and lively company. About this time, a tumor was detected by the nurse in the left breast, with retraction of the nipple. This the patient was very anxious should *not* be brought to my notice.

In the autumn, the tumor gave her so much uneasiness that she consented to have a careful examination made, when it was pronounced a cancer. She went to the Massachusetts General Hospital, where the tumor was removed. After this, for a year she was in the best of spirits, and considered herself quite well. At the end of a year she was again compelled to go to the hospital for a second operation. Six months after the second operation, she placed herself in the hands of a quack to have the cancer drawn, as it had again appeared, and was very painful. This last treatment was pronounced to have been entirely successful. Three months after I was called in, as the left arm was very much swollen; there was a great deal of pain, and from a small cavity in the axilla a thin, watery pus of a characteristic odor was exuding. The melancholia was very marked. The dread which the patient had lest she should be obliged to go to the almshouse, was much greater than her fear of present suffering. Morphine was injected subcutaneously every night; otherwise she had no sleep.

Three months before her death, a rodent ulcer of cancerous nature appeared in the lumbar region, which rapidly increased in size from that of a quarter of a dollar to the circumference of an ordinary teacup. A very small one also appeared just above the nape of the neck. They both had irregular, purplish edges, and the pus had a very offensive odor. In the lumbar region, the vertebræ were almost exposed.

She was able to sit up until within a few days of her death, and went to bed only at night. She was very unwilling to have any one take care of her, save her husband, and only consented to have a nurse when her husband's illness made it absolutely necessary.

The remarkable features of the case were these: The rapid development in such quick succession of, first, insanity; second, severe attack of erysipelas, involving all the cuticle; third, the appearance of three cancers of the breast within two years and a half, accompanied, at last, with rodent ulcers in two other regions; fourth, the fact that the mind was the least affected at the time when the erysipelas was in progress, and the breast most painful, except at last, when the melancholia was constantly present.

Reports of Societies.

ESSEX NORTH DISTRICT MEDICAL SOCIETY.

THE regular quarterly meeting was held in Haverhill, at the Eagle House, January 4, 1888, and was called to order by the President, E. P. HURD, at 11.45 A. M.

The Secretary announced the death of Dr. David Dana at his residence in Lawrence, December 10, 1887, at the age of sixty-two years, and of Dr. James R. Nichols, of Haverhill.

DR. CROWELL moved that Committees be appointed by the chair to draw up fitting resolutions.

On the death of Dr. Dana, the chair appointed the following Committee: Dr. Woodbury, of Methuen, Drs. Chamberlain and Carleton, of Lawrence. On the death of Dr. Nichols: Drs. Crowell, Clarke, and Lovejoy, of Haverhill.

The President then introduced DR. PHILIP COOMBS KNAPP, of Boston, who read a paper on

SOME EARLY SYMPTOMS OF TABES DORSALIS.

THE PRESIDENT asked the essayist whether silver nitrate, which was once spoken of with some favor, is now considered a good remedy in tabes.

DR. KNAPP answered that he had used it, but was doubtful of its efficacy. He had seen much more decided benefit from potassium iodide, sixty to ninety grains, three times a day. He thinks that it is best given in Vichy, or largely diluted in plain water.

DR. H. F. ADAMS, of Newburyport, read a paper on

ANTISEPTIC MIDWIFERY.¹

He exhibited several books to which reference was made in the paper, and showed several forms of the occlusion pad.

DR. WILLIAM COGSWELL said that he had never seen the necessity of antiseptic precautions in his private obstetric practice. In an experience of over forty years he had never had any puerperal peritonitis, and he had never taken any precautions beyond washing his hands with whatever soap was handed him.

DR. LOVEJOY agreed with Dr. Cogswell. He had had no peritonitis. He had occasionally seen swelled legs, but that came from scattering of the milk. In nearly all cases of swelled legs he had found the milk suppressed, and a lump in one breast.

DR. STABLER said that he had not been so fortunate as Dr. Cogswell. He had, from reading, become convinced of the need of antiseptic precautions, and had so expressed himself before the Lawrence Medical Club, but the proposal to introduce it into private practice had met with such unanimous disapproval

from the older members, that he had become somewhat careless in his application of it. Following this, he had had in private practice, last summer, a most pronounced case of puerperal fever. An intelligent lady in good circumstances, who was confined in a house containing an untrapped drain, was taken with a chill the next day after delivery. Her temperature rose steadily for a week, till it reached 106°, and she only recovered after four weeks of fever of typhoidal type.

DR. R. C. HUSE said he had in times past lost several cases from puerperal septicæmia. In the case of his own wife, when he found her with a chill and rising temperature, he had given a vaginal injection of a solution of chloral hydrate, the strength of which he regulated by tasting it before making the injection. The effect was very happy, and he had repeated the practice in several subsequent cases with equally good results. He has also used Lugol's solution of iodine, one drachm to the pint of hot water, with the effect of promptly deodorizing offensive lochia. He now always uses antiseptics, and since adopting the practice he has had no septicæmia.

DR. CLARKE said he thought we had not the courage of our convictions. *Antiseptic midwifery* implied the absolute exclusion of germs from the parturient canal. The half-way use of germicides is not antiseptic midwifery. For his own part, although well acquainted with septicæmia, having seen it in all its horrors at the Boston Lying-in Hospital, he has had no cases of the disease in private practice. Antiseptic midwifery presents so many difficulties for the private practitioner who has been trained in the methods of earlier years, that he (Dr. Clarke) does not expect to attempt it until he shall have had a case of septicæmia.

DR. HUSE, in reply to Dr. Clarke's implied assertion that he used half-way measures, would like to state what his measures are: On first seeing the patient, and before any vaginal examination is made, he gives her an enema, washes out the vagina with 1-3000 solution corrosive sublimate, and has the external genitals bathed with 1-1000 solution. He then washes his hands with soap and with 1-1000 solution, and introduces the finger without ointment, and *never* allows himself or any one else to touch the patient's genitals without first having washed the hands in the solution. After the delivery of the secundines, he washes the patient with the antiseptic and calls for two towels. One of these he dips into the 1-1000 solution, and after wringing it out with his hands, he folds it into a square pad and places it over the vulva. The second towel he likewise wrings out of the antiseptic, and folding it once likewise, passes it between the legs, and pins it to the binder at front and back. When instruments are used, he immerses them for an instant in boiling water.

DR. STABLER called attention to a point recently stated by Weir, of New York, that dry preparations of mercuric chloride are unreliable, because the bichloride is so quickly changed into calomel. Pathogenic microbes have been found in dry pads that were previously impregnated with sublimate. With regard to the ointment used for the finger and instruments, he had used both carbolic acid and eucalyptol. Both have strong odors, and the carbolic anæsthetizes the examining finger. He prefers a five per cent. ointment of resorcin.

¹ See page 216 of the Journal.