however, judgment was given in favour of the company with costs.

The interesting medico-legal points in this case are, first, the condition of good preservation of the body; and second, the fact that undoubted traces of strychnine were found therein after nearly ten months' burial.

Barberton, Transvaal.

FOETAL ANOMALIES.

By G. STEWART ABRAM, B.A., M.B., B.C. CANTAB.

THE following cases appear to me to be of interest as showing that anomalous developments of the foetus are far more common than is generally taught. The ordinary text-books of midwifery devote but little space to this subject and I have been unable to find any statistics showing the percentage of births in which some serious anomaly of the foetus exists. Galabin, Lush, and Spiegelberg all refer briefly to most of the forms of foetal monstrosities but they give no information with regard to the frequency of their occurrence as a whole, nor do they express an opinion as to whether they are more generally met with amongst the hard-working or more leisured classes. The cases I am quoting have all occurred in my own practice within the last three years amongst all classes of the community and the first at least seems to be without many parallels.

CASE 1.—In October, 1898, I attended a primipara, aged 24 years. She was delivered at full term after about 12 hours' labour of an anencephalic female monster which was dead. The placenta was adherent and was removed with difficulty. The parents were naturally much distressed and I confidently told them that such an event was most unlikely to occur again. In 1899 the patient was again pregnant. On August 18th I was sent for hurriedly at 11 A.M. She was then from six to seven months pregnant and had been suddenly seized with alarming hæmorrhage. Examination found the os slightly patent, an absence of diagnosable presentation, and a soft mass filling up the anterior fornix. A diagnosis of placenta prævia was made and the patient continuing to have alarming hæmorrhage and becoming much blanched the cervix was rapidly dilated under chloroform, internal version was performed, and a dead female foetus was delivered. It proved to be another anencephalic monster with a complete absence of the spinal arches from the neck to the sacrum. There was smart post-partum hæmorrhage, for which the patient was injected with saline fluid per rectum, but she has since made an excellent and uninterrupted recovery.

CASE 2.—In February, 1899, I delivered a multipara at full term of a living child who had entire absence of the external abdominal walls over an area extending from the umbilicus to the pubes to the left of the middle line. The abdominal contents were covered by a thickened membrane which bulged to the size of a fist and the umbilical cord at its insertion was spread over a portion of the swelling. At first the sex was doubtful, but post mortem it was found that the apparently imperfectly developed genitals were really parts of a female child's pudendum much stretched and distorted by separation of the symphysis pubis. The child lived four days.

CASE 3.—In April, 1898, I was called by a midwife to the confinement of a multiparous female who had just been delivered of an anencephalic child of the usual type. The other confinements had been normal.

CASE 4.—In April, 1898, also I was called by a midwife to see the newly-born male child of a woman under my care. The mother was a multipara. The child had a very large spina bifida covered by a membranous sac occupying the region of the upper and middle lumbar spines. There was also a wide separation of all the cranial bones to the extent of about half an inch. The child lived for a few weeks.

CASE 5.—In 1897 a woman under my care was delivered at her first confinement of an anencephalic monster exactly similar to Case 3. She has since borne a normally developed child.

All the above cases have occurred within a limited district and in a small midwifery practice. The total number of cases that I have attended in the period referred to has been 223, giving a percentage of nearly 2.5 of anomalous developments of the foetus.

Reading.

OTITIS EXTERNA TROPICA.

By P. N. GERRARD, M.D. DUBL.,
DISTRICT SURGEON, VLU SELANGOR.

UNDER the above heading I propose to describe a disease which has apparently escaped the notice of the profession "out East" or has been mentally included by them amongst the ordinary inflammatory affections of the external ear which are met with in Europe and which are usually caused by, or accompany, ordinary catarrh of the respiratory passages or occur as a concomitant of various zymotic diseases.

Having suffered recently from the disease and having gone as deeply into the bacteriology of the subject as circumstances would allow I might perhaps be permitted to speak with some certainty with regard to the various stages, treatment, and pathology of this disorder, which I may mention *en passant* is of fairly common occurrence in Singapore and the native Malay States. In my own case the inception of the disease was most insidious, the first symptoms being very slight deafness associated with itching just inside the tragus and around the edge of the meatus, which caused so little inconvenience that the matter received no attention, until one morning the deafness being more marked than usual I passed down a small piece of absorbent wool rolled to a fine point on an ordinary match and was greatly surprised to find the wool soaked through and covered with thin greenish yellow pus. Having poured some warm carbolic oil into the ear, after washing out with warm permanganate of potash solution, I thought no more of the matter until the next morning, when I found the cause of my deafness again to be due to an accumulation of pus and the wool again returned saturated. Similar treatment was adopted and matters remained thus for about five days, until one morning when instead of the usual painless slight deafness a painful throbbing with some narrowing of the meatus and the usual pus prompted me to adopt more stringent measures. I then for the first time sought the cause by inoculating two nutrient agar tubes and placing them in the incubator, at the same time preparing some slides directly from the swab. The pain continued throughout the day and next morning it was intense, accompanied by a feeling of complete collapse without any extraordinary temperature or circulatory disturbance. Poultices gave some relief and strong glycerine of belladonna with liquid extract of opium made the pain just bearable and no more. After two days' poulticing and washing out with 1 in 500 perchloride of mercury solution and hot water (owing to the presence of a bacillus in the agar cultivation) relief came as gradually as the pain had come and after about ten days I felt that the attack was over. Occasional syringing with a weak solution of carbolic acid or permanganate of potash and the application with a swab of 1 to 30 carbolic oil have been all that has been necessary to keep things right, at least up to the present.

Having described the symptoms and progress I now come to the external appearance as described by one of my dressers (Mr. Tamby). The first evidence of any disease apparent was a simple diffuse redness of the parts immediately round the meatus. This lasted until the pain developed, when small but deep-seated furuncles or anthracoid patches appeared which never really suppurated but which were so exquisitely painful that I had each one cut into by a dresser with a tenotome, which gave some relief when the poultices were applied; when one got better another rapidly appeared to pass through similar stages. There was at no time any pitting over the mastoid process but a premastoid gland became enlarged and tender and has never quite returned to the normal condition. The narrowing of the canal was most marked and precluded examination of the tympanum, which, however, I do not believe was affected at any time, although the Eustachian tube was undoubtedly narrowed during the acute stage.

Bacteriology.—The agar tube after 12 hours showed on the sloping surface two very distinct growths, one of a bright orange-colour which was easily recognised as the staphylococcus pyogenes aureus and the other which grew as a whitish translucent film in places and in places as rather large colonies. At first sight I suspected this to be the staphylococcus pyogenes albus but was very surprised to find that it was a bacillus; this fact chiefly has led me to

describe this case, as I believe the presence of a bacillus is unlikely to be suspected in cases of a similar kind and alters the treatment considerably. This bacillus is a rod of about the length of the usual sized tubercle bacillus and about half as broad again, with rounded ends, which stains uncommonly like the diphtheria bacillus with Luffier's alkaline methylene blue, showing a clear pale blue in the middle and deep blue Babes Ernst bodies or spores at each rounded end, probably spores, and in some, about the centre, three or four spore-like bodies may be seen. The Ziel-Neelsen stain gave a negative result for tubercle bacilli. The growth on potatoes unfortunately cannot be reported on as the primitive incubator took a sudden run up in temperature owing to the carelessness of the Chinese attendant and the bacilli had lost all motility when examined the next morning.

A word as to treatment may be permitted, especially in a case where so many varieties have been tried. Personally, I endeavoured to abort the disease in the first place with a 10 per cent. solution of nitrate of silver, which was unsuccessful. Carbolic lotion 1 in 40 was a failure apparently as a bactericide and certainly did not produce the effect which warm perchloride of mercury solution of about 1 in 1000 subsequently did. Boric acid also failed, which is not to be wondered at when one has seen the varieties of growths which occur in boric lotion in the tropics. Permanganate of potash solutions are of no use except in the stage of convalescence and the same may be said of carbolic oil. Tincture of iodine is no doubt exceedingly severe, but it succeeded in checking the inflammation in some of the later patches. If a routine treatment is at all worthy of consideration in any disease I should suggest syringing with 1 in 500 solution of perchloride of mercury heated by the addition of hot water, probably representing about 1 in 1000, alternating, if considered advisable, with 1 in 40 carbolic, warmed, painting at the back of the ear and over the mastoid with tincture of iodine and drying out the ear carefully and dropping in warm carbolic oil with extract of belladonna in quantity proportionate to the amount of pain three or four times daily. If the pain be intense linseed poultices smeared over with extract of belladonna and extract of opium are the best means of relief, relieved every half hour if necessary, and not applied too hot so as to scald the ear and thus practically to put an end to the treatment on account of the soreness which a scalding poultice causes. If convalescence be interrupted by the occurrence of points of inflammation within reach tincture of iodine may be applied if the patient can make up his mind to bear pain for a few minutes, otherwise poultices must be continued until all symptoms have ceased.

I have adopted the above name as expressing most clearly and concisely the features and climatic limitation of the affection.

Vlu Selangor, Federated Malay States.

NEURECTOMY A PREVENTIVE OF MASTURBATION.

WITH REPORT ON THE OPERATION.

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THE practice of masturbation has come to be regarded as an incurable evil and the discussion of so unsavoury a subject is therefore tabooed. Still, the habit is prevalent with a certain class of neurotics, and medical men when they are brought face to face with such cases feel helplessly at sea. In nineteen cases out of twenty moral suasion is utterly useless. Mechanical means—some of them rather ingenious—have been tried, but the fury of the patient has torn to pieces all such restraints. In fact, these cases have hitherto seemed hopeless. It has long been an unavailing regret that, because of our impotence to deal with this habit, many patients are sacrificed to it mind and body and their

characters ruined by it; and more than two years ago it struck me (Dr. A. Campbell Clark) that only one means of cure was possible—viz., a means which would not exercise mechanical restraint but would prevent sensation and therefore gratification. It occurred to me, when thinking out the nervous mechanism of the act, that by division of the afferent nerve of the reflex circuit not only would erection be impossible but sensation would be prevented. Erection by mental suggestion or prostatic irritation can be excluded as beside the question. I therefore mentioned my views to Mr. Henry E. Clark, an experienced anatomist and surgeon, and having obtained the necessary consent he agreed to perform the operation on a middle-aged man who had been insane only about three years and had not shown any sign of early neuro-mental degeneracy. The operation was successful, but the man was very much depressed for some time after. He has quite given up masturbation and has for over a year been very much improved mentally. Whether the nerve is now intact I am unable to say, but if so it does not yet perform its functions, for the patient says that the only distinct sensation he has occurs when he is micturating. He admits that he is not so energetic as he was before the operation. His age is now 49 years. It may be contended that this operation is not desirable in the majority of cases. That is a question for the family medical adviser and the friends of the patient, but undoubtedly, if the operation is of any value, it must be in early cases before the habit has become a second nature and before nervous degeneration is too far advanced. The experience of this case has taught us that for a man in middle life less than half an inch should be resected as so far distinct sensation has not returned. One thing, however, is certain—that the mental result in this case justified the operation. The man is no longer the degraded creature he was. So far there is no atrophy of the testicles.

Report by Mr. Henry E. Clark.—The details of the operation were simple. Success depends much on the care with which antiseptics is carried out, and I therefore had the pubes, the root of the penis, and the scrotum closely shaved, and the parts were then well washed with soap and water and cleaned with turpentine and spirits of wine. Thereafter a dressing of lint steeped in carbolic solution (1 per cent.) was applied and was kept on for four hours before the operation. The incision was transverse and was placed across the dorsal surface about half an inch from the root of the penis. The skin here being elastic and flaccid it can be drawn into a longitudinal fold and this is easily transfixed transversely by a sharp narrow-bladed knife without injury to the dorsal vein. The nerves, two in number, are not easy to identify or isolate, being intimately wrapped up in the loose superficial fascia. They must be sought for on the lateral margins of the dorsum of the penis and they are in close relation to the dorsal arteries, generally to the outer side of these. Fortunately, the arteries are more closely attached to the capsule of the corpus cavernosum and they are not, therefore, liable to be injured. The nerves were raised by means of a blunt hook and about half an inch of each nerve was resected. The wound was closed by a continuous catgut suture, and being made thoroughly dry by washing with ether a layer of thin gauze was made to cover it by means of collodion. The healing process took ten days and the patient made a satisfactory recovery.

Glasgow.

NOTES, CLINICAL AND PATHOLOGICAL, OF A CASE OF GENERAL PARALYSIS OF THE INSANE OCCURRING IN EARLY LIFE.

BY HAMILTON MARR, M.D. GLASG.,

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FACTORS commonly found in general paralysis of the insane occurring in early life are a family history of nervous disorder and syphilis either congenital or acquired. The presence of syphilis occurs so often that the causation of the disease has been ascribed to it. In the case about to be recorded evidence of syphilitic taint was carefully sought but with negative results. The history of the antecedents of the case afforded ample scope for the introduction of a