Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A NOTE ON TWO CASES OF ACRANIAL FŒTUS.

By JAMES PIRIE, M.A., M.D. ABERD.

ON Oct. 12th, 1907, a woman, aged 43 years, was delivered of an acranial fœtus. The entire vault of the cranium was absent and the floor of the gap thus caused was formed by the basilar process of the occipital bone. The scalp was intact and formed a coil on the top of the vacuity. The brain was almost entirely absent but the medulla oblongata was present. Along with a rudimentary pons Varolii several of the cranial nerves could be recognised at the base of the gap. On Nov. 7th a woman, aged 38 years, in the same village, was delivered of a similar fœtus which also showed a spina bifida. Both fœtuses were otherwise well nourished and not malformed in any other way. The former one was extremely large and weighed $10\frac{1}{2}$ pounds.

An interesting feature, and adding to the extraordinary nature of the coincidence of time and place, was that both mothers had very large goitres, and one at any rate had taken a great number of a certain advertised pill warranted to remove "female irregularities."

Harbury, Leamington Spa.

HERMAPHRODISM

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THE accompanying illustration is a reproduction of a photograph of a case of hermaphroditism and may be of some interest to readers of THE LANCET. I am unable to say if it is a case of true hermaphroditism or false, most probably the latter, of the masculine type. The patient's features are masculine; he has enormous breast development, as is well seen, but without any known secretion of milk; his pelvis is

of a masculine type. His genitals consist of a very small penis with complete hypospadias. The scrotum is cleft with a very small testicle (?) in each half. He informs me that he has been married some time and is able to perform the act

of coitus but has no children. His voice is distinctly falsetto. He was engaged in work as a male messenger.

Port Soudan, Red Sea.

A CASE OF GANGRENE CAUSED BY THE APPLICATION OF CARBOLIC ACID.

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AS cases of gangrene caused by carbolic acid are now somewhat uncommon the following case is of some interest.

The patient was a thin, anæmic girl, aged 16 years, who while at work on Nov. 20th, 1907, ran a wooden splinter a short way under the nail of the right ring finger. The splinter was extracted and a carbolic acid compress of uncertain strength was applied to the finger at the factory in which the girl was working. The compress was applied at 8.30 P.M. and remained on until 11.30 A.M. on the next day, and after removal the finger was found to be cold, white, and anæsthetic. There was no sensation of tingling or numbness while the compress was applied to the finger. On the 23rd discolouration began and the girl attended the West London Hospital for the first time on the 25th. On that occasion the skin as far as the proximal interphalangeal joint was black and insensitive, the last two phalanges being in a state of dry gangrene, of which the line of demarcation was apparently well established. No carboluria had been noticed. The finger was disinfected as far as possible and wrapped in dry dressings, but these precautions failed, the gangrene became moist, and it was eventually found necessary to amputate the finger at the metacarpo-phalangeal joint.

This condition, although described in all the text-books, is comparatively rare, as the public have learnt, in many cases, the dangers of applying carbolic acid in this manner as an antiseptic "precaution." No doubt the unfortunate person who applied it in this case will spread the warning as widely as possible.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

OBSTETRICAL AND GYNÆCOLOGICAL SECTION.

The Supports of the Pelvic Viscera.—Exhibition of Specimens.

A MEETING of this section was held on Dec. 12th, 1907, Dr. HERBERT R. SPENCER, the President, being in the chair.

Dr. W. E. FOTHERGILL read a paper on the Supports of the Pelvic Viscera. He considered that the current teaching of gynæcological anatomy, while correct in a general sense, lacked that accuracy which was essential if the student was to have a real grip of his clinical work. It was generally assumed that the urino-genital organs were partly suspended by the so-called ligaments of the uterus and partly supported from below by the pelvic floor. But the perineum and the pelvic diaphragm were often seriously impaired by injury or loss of tone without any consequent change in the position of the pelvic viscera, which showed that support from below was not essential. Again, during abdominal operations the ligaments of the uterus were seen to lie loose and slack upon the subjacent structures and to have no supporting action whatever. The operation of vaginal hysterectomy afforded confirmation of these observations and revealed to the clinician the fact that the uterus was really supported by the sheaths of its blood-vessels which attached it firmly to the sides of the pelvic diaphragm. In the same way the vagina and the bladder were held in position by the sheaths of their blood-vessels, the rectum having an independent attachment to the back of the pelvis. Thus lengthening and laxity of the sheaths of the blood-vessels was the one constant and essential factor in the causation of prolapse of the pelvic viscera. Dr. Fothergill considered that while gynæcologists were well aware of these facts they refrained from teaching them, because they borrowed their anatomical statements from the writings of professed anatomists. He therefore went on to show by quotation from recent papers by anatomists of the first rank that descriptive anatomy had changed in a way exactly parallel