ing additional to offer in explanation of the arterial murmurs produced by the electric-light bath.

As indicated above, the functional mitral murmurs have been explained, and probably correctly, as due to a temporary relaxation of the mitral sphincter, or of the papillary muscles, thus producing an actual but transient mitral regurgitation. The same causes would not be operative at the aortic valve. Providing the anatomy of the aortic valve was such that temporary relaxation might take place, the murmurs would be diastolic and not systolic, as were the murmurs of which I am speaking.

Does dilatation of the aorta assist in the productions of these abnormal sounds? Allbutt, in his "System of Practice," states that he has never heard a murmur in the aortic area accompanying dilatation of the aorta, which could not be accounted for by the condition of the valves. This is probably true of organic murmurs, but it does not necessarily follow that functional ones may not be generated in this way under unusual conditions. If murmurs can be produced in distant arteries, such as the brachial, it looks probable that they may arise in the nearby ones. As to the ability of the aorta to dilate, Cherchevsky states that in normal conditions its diameter varies at different times. He found that tapping with a percussion hammer over the region of the arch caused it to dilate, while tapping in the epigastric region caused it to shrink. The electric-light bath certainly produces a condition of relaxation of the smaller arteries, and probably the larger ones are likewise affected. The murmurs heard by me were frequently louder over the carotids and subclavians than over the heart itself, showing that they were either generated or intensified in the arteries.

Given a condition of a temporarily dilated aorta, a vigorously acting heart rapidly forcing the blood through a now relatively narrow aortic orifice, and it seems reasonable to suppose that vortices should form as the blood enters the artery, and that they in turn should produce the sounds we term murmurs.

A CONGENITAL MALFORMATION.

BY SEABURY W. ALLEN, M.D., BOSTON.

The subject of these pictures was found in a cheap museum last spring. He was a Sicilian of fourteen years, the oldest of several normal children, and had always been in good health. Close questioning into his family history failed to discover any disease whatever. The incompleteness of the photographs is due to the fact that only a few minutes were obtainable in which to take them, as the boy was leaving the city the same afternoon as when he came to the Boston Dispensary.

The two legs used in walking or standing were perfectly formed, while the third leg, coming off

the side and back of the pelvis, was also normal except for the appendage shown in the pictures, a slight atrophy (from disuse) of the calf muscles, and a little bending downward of the femur, from the weight of the lower leg. The third leg was under perfect control, having about 30° of motion at the hip joint. Although in walking, the foot belonging to this leg was carried off the ground, it could be brought backward and downward, so that with all three knees bent it could be used to support the trunk—the position of rest in this manner reminding one of a three-legged stool. The appendage of the third leg was connected with the femur by cartilage apparently, and contained what seemed to be a well-formed metatarsal bone and three phalanges. This was not under control although quite movable. As may be seen in the skiagraph the third foot was normal.

In front there was the usual set of genitalia, urine being passed in the ordinary manner; while behind, between the middle and third legs, there was a well-developed penis with a nonpatulous urethra, also two full-sized descended testicles and a cleft scrotum, the cleft running up and back for two inches and a half, and having the appearance and feel of a multiparous vagina. This cleft was separated from a normal sphincter ani, which in turn was separated from the anterior scrotum by the usual perineal raphe. Therefore, it seems probable that the anus belonged to the anterior genitals, and that the cleft, which leaked urine continuously (the amount not being altered by the voiding of urine from the anterior urethra), was a large vesical fistula, leading to a second bladder. In other respects the figure was normal.

Owing to the leaking of urine (requiring the reversing of the x-ray plate) and the backward direction of the third leg (so preventing a close approximation of the plate to the pelvis), the skiagraph of this region was not very successful, therefore only a tracing of the negative is printed.

The third leg could doubtless have been amputated at the hip joint without difficulty, but at this suggestion the boy's companions were somewhat disturbed, pertinently asking how, if that were done, they could all make a living.

Clinical Department.

POISONING FROM THE APPLICATION OF CARBOLIC ACID TO THE UNBROKEN SKIN.

BY J. W. WAINWRIGHT, M.D., NEW YORK.

A VERY interesting case of carbolic acid poisoning came to the notice of the writer a few weeks since, which he desires to briefly report as follows:

The patient, a gentleman of 50 years of age, very vigorous, weight 225 lbs., applied quite freely of a 4% solution of Calvert's carbolic acid, in water immediately following a hot bath, for the relief of pruritis. He had been using a 2% solution, but at the suggestion of his druggist, this