

6lb. 13 oz. Above and below the union they were like two ordinary children, with one exception—that the skin was somewhat wrinkled and had an unhealthy colour. The union commenced at the lower end of the lumbar vertebra, and extended to the end of the sacrum, but not exactly in the middle line of both, which would make them appear as back to back. The sacrum of one was united by the middle line to the side of the sacrum of the other, so that viewing them from behind they had but two buttocks between them. The sex was female, and it had externally the appearance of only one vagina being present. On examination after death there was found to be a double one, but no urethral orifice could be discovered in the usual site. The mons veneris and labiæ were abnormally large and swollen. There was but one anus, through which meconium passed freely. A spina bifida about the size of a small orange could be seen at the lower end of the lumbar vertebra, where the union of both commenced. There was no deformity anywhere else, as the features, bodies, arms, and legs were not wanting in any particular.

The other child still lives, and is right in every respect. I weighed it at the same time as the others, soon after birth, when I found it to be exactly 4lb. There was but one placenta, which weighed 2lb. 9 oz., and was divided into two compartments, one for the prodigy and the other for the separate child. That for the prodigy had one ordinary sized cord, with a supplementary one about half the size attached to its base as it entered the substance of the placenta. The other was covered all over with membrane, the substance of the placenta being nowhere exposed. The cord here went through the membrane, and was attached to the placenta at the wall of the compartment. I took it entire to the museum of the College of Surgeons, and found that there was no specimen like it there. The prodigy was also taken there soon after death, when it was found that, though they had not a specimen exactly like it in preservation, a cast of one similar to it was discovered on the shelves.

Family history.—The father was about thirty, strong, healthy, and born of healthy parents; one of his grandmothers died recently at the advanced age of one hundred and eight years. The mother, aged thirty, had four previous confinements, and suffered from puerperal convulsions with the first child. The third child is affected with infantile paralysis; the others are well. She had nine brothers and three sisters. Four of the brothers are dead; the sisters are all alive. One of the surviving brothers has always been deficient in mental power; one of the sisters is insane, and in a lunatic asylum. Her father and mother contracted a consanguineous marriage, being first cousins, children of two sisters. The mother relates that some three or fourth months ago she received a very great shock when going through the streets. Two men in a dog-cart, driving furiously along, got one of the wheels of their cart locked in a wheel of another cart standing in the street, and dragged it along for some distance. The suddenness of the incident affected her so severely that she was obliged to rest in a shop close by. She felt extremely faint, and soon returned home, but the incident made a deep impression on her.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ALARMING SYNCOPE FROM SYRINGING THE EAR.

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ON August 7th I was called to see E. G.—, a boy of three years of age, and found him in a state of profound coma, with slow irregular respiration, rapid pulse, lividity of lips, cold extremities, dilated pupils—to all appearance, in fact, on the point of death.

The history I got was that the child had suffered from measles two months before, and since then had had a purulent discharge from the right ear. This was being treated, under the direction of a surgeon, by injections of a solution of boracic acid, and on the day in question, just as the mother finished syringing the ear, the child fainted.

Till this happened he had been running about, and was apparently quite well. The mother first made efforts herself to revive the child, carrying him into the open air, but as his condition became worse I was sent for, and, arriving half-an-hour after the syncope began, found him as already described. The parents had not observed any convulsion, nor had the child at any time previously suffered from convulsions. After watching him for five or ten minutes, during which time his condition remained unchanged, I ordered mustard to be applied to the nape of the neck and the lips to be moistened with brandy-and-water. Giving the worst prognosis, I left, promising to return within two hours. When I returned I was surprised to find the child conscious and to all appearance well, except that he was somewhat pale and languid. I was told that a few minutes after the mustard was applied consciousness returned. Examination of the ear showed extensive destruction of the membrana tympani, but there were no signs of caries. The urine was free from albumen, and the child has remained well since.

Remarks.—I find a somewhat similar case recorded by Roosa in the *Archives for Otology* (vol. ix., p. 17), where a man, aged forty-five, passed into a state of coma after his ear had been syringed to cleanse it from a chronic purulent discharge. In Roosa's case the coma was equally profound, but does not appear to have lasted beyond a few minutes, though the patient was unable to leave the consulting room for two hours afterwards. Roosa does not offer any explanation of his case, in which no examination of the tympanic membrane was made. Probably such cases are due to a nervous reflex starting either from the terminations of the auditory nerve in the semicircular canals and labyrinth or from the tympanic plexus. I am inclined to the latter view, as to the course of the reflex, on account of the connexion, demonstrated by Lockhart Clarke, between the roots of the fifth cerebral, the glosso-pharyngeal, and the vagus.

THE ETIOLOGY OF SKIN DISEASES.

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I HAVE read with interest Dr. Frederick Pearse's note on the above subject. To label a particular eruption as "eczema," and, without regard to its causation or manner of development, regard and treat it as a definite pathological entity is, of course, not satisfactory. As regards "eczema," a good many causes have been assigned for it, yet it is not always possible to trace any particular case back to its origin—at any rate, if we exclude those cases caused by external irritants. The nomenclature of skin diseases is to blame for a good deal of the confusion that exists. For example, the term "eczema" itself is a most indefinite and misleading expression. Under it have been included the most varied lesions ranging from a simple erythema to the formation of pustules or scabs. If we could get rid of such a term as eczema, or never employ it without qualification, some progress would have been achieved, and we might hope to be more successful in our attempts to determine in any given case the cause which has been operative.

In the case of acne, several of the assigned causes are often simultaneously present, but it is not always easy to say which is the active one. Great stress has been laid on sexual irritation as a cause, but many authorities deny its influence. A medical man who had seen many cases once remarked to me that he had never seen but one in a married person, and that was in a man living apart from his wife. I cannot, however, corroborate this observation, having many times seen married persons suffering from acne, and one of the worst cases I ever saw was in a young married woman. I had recently under my care a young lady affected with tinea versicolor over the chest. Ordinary antiparasitic remedies were prescribed, and the affection quickly disappeared, but as it did so a well-marked patch of acne punctata took its place. I should, however, hesitate to suggest any causal relation between the two disorders. I should add that the acne punctata soon vanished on using a weak sulphur ointment, combined with a free use of soap and water.

In regard to one cutaneous disorder—psoriasis—mentioned by Dr. Pearse, our knowledge of its etiology is almost nil. Excluding heredity, to which it can often be traced, we can often discover nothing. It frequently seems by choice to