good for twelve months; at that time the patient fell into bad health from severe domestic trouble. The eye was attacked with serous iritis, and was ultimately lost.

I have brought forward these statistics in support of my contention for iridectomy, and I believe, on the whole, it is the safest operation. In the flap section, besides the difficulties with the iris, it is very desirable to have a perfectly steady patient, not always to be had even with cocaine. Then there is a difficulty in clearing the pupil of cortex, and there is the possibility of hæmorrhage in the anterior chamber and rupture of the vitreous, all of which are no hindrance to the successful completion of the iridectomy operation, but are rather serious obstacles to the other. I believe further percentage of loss will be less, and the standard of vision quite as good.

MALFORMATION OF EXTERNAL GENITALS IN THE MALE.

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On April 13th, 1888, a child, aged 3 weeks, was brought by its mother to the Gartside Street out-patient department in connection with the Children's Hospital, Pendlebury. It presented a peculiar deformity of the external genitals; and as I cannot find any account of an exactly similar condition, I am desirous of placing this one on record. The child was extremely feeble and emaciated, and evidently would not long survive. On its death, which took place about a fortnight later, I removed at the *post-mortem* examination the parts involved in the deformity, and from the preparation give the following description.

Examining the perineal region from behind forwards, the anus and perineum are seen to be perfectly normal. The scrotum is likewise normal and well formed, except that in front the skin is not continued on to the penis, but goes to form an anterior aspect to the scrotum in every way like the posterior, for there is no trace of penis. Neither corpus spongiosum nor corpora cavernosa are present. The central raphe runs from the anus along the perineum, on over the posterior surface and the most dependent part of the scrotum, and fades about the middle of its anterior aspect. The testicles have fully descended, and are well formed, and during life it was seen that there was a congenital inguinal hernia on both sides.

There is no external urinary aperture, but on slightly everting the anal margin it could be seen, especially well during life, that the urethra opened on the anterior wall of the rectum about the eighth of an inch from its lower termination. The canal from this opening, in the first part of its course to the bladder, runs superficially to the sphincter ani externus muscle.

Embryologically considered, the explanation of this deformity seems to be very simple. The common cloacal aperture, shortly after the fifth week of intra-uterine life, becomes separated into an anterior uro-genital part and a posterior or anal. The mode of formation of the septum which intervenes between these two portions of the original aperture is not as yet clearly made out, but it probably takes place by the meeting and fusion of outgrowths from the sides and below.

In the above deformity the fusion of the lateral outgrowths has been incomplete in the deeper parts, so as to form merely a bridge instead of a septum, thus leaving a canal between the two parts of the original cloaca. Subsequently there has been, on the one hand, an arrest of development, causing, from the non-appearance of a genital eminence, an entire deficiency of penile structures; and, on the other hand, a too thorough closing in of the uro-genital aperture, perhaps due to the already existing abnormal passage, has led to the absence of any external urinary meatus. This latter condition, then, is the opposite of that defective closing which gives rise to the various forms of hypospadias. Moreover, the common form of imperforate anus in the female, in which there is a fistulous tract opening in the vulva internal to the fourchette, and communicating with the lower end of the occluded bowel, seems to be developmentally allied to the above deformity in that, associated with a closing in of the anal aperture, here exists a bridge-like condition of the cloacal septum.

EPIDEMIOLOGICAL MEMORANDA.

A SHORT REPORT ON AN OUTBREAK OF MEASLES AT A BOYS' SCHOOL.

On Thursday, May 3rd, 1888, I was requested to see one of the masters at the boys' school here. On inquiry I learned that he returned to the school on the previous Monday evening, April 30th, about 10 P.M., having been away for some weeks during the Easter holidays. He felt poorly on Monday, and on Tuesday and Wednesday he felt ill. He thought he was suffering from a bad cold. When I saw him on Thursday, May 3rd, he had the measles rash out on his face and chest, and he must have then been in the fourth day of the disease.

During Tuesday and part of Wednesday he came into contact with twenty-nine boys, whose ages varied from 7 to 14 years. After Wednesday evening, May 2nd, he was completely shut off from all communication with the boys. The school was closed on Friday, May 4th, when all the boys (most of whom were boarders) were sent to their homes in different parts of the country.

Out of the twenty-nine boys, fifteen had had measles at some previous time; the remaining fourteen, who had not had measles up to then, were all taken ill with the disease within seventeen days. The first boy was taken ill on Thursday, May 10th, and the last boy a week later (May 17th). The incubation period in the majority was about fourteen days.

This outbreak is, I think, a very important one, from the short time the boys were exposed to the contagion, being certainly known to be not more than thirty-six hours. It therefore enables us to calculate the exact time of incubation within narrow limits. It shows that the incubation period varies from 8-9 days to 15-16 days in different cases. It proves that measles is extremely contagious before the rash appears, as not one of the boys saw the master after the rash came out on him, it having made its appearance on Wednesday night. The tables given below indicate the important points in the outbreak at a glance:

Time Master was in Contact with Boys.	First Boy Taken Ill.	Last Boy Taken Ill.
May 1-2	May 9-10	May 16-17
Total Number in Contact with Master.	Total Number who had the Disease Previously.	Total Number who took the Disease from Master.
29	15	14

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CLINICAL MEMORANDA.

HÆMATOMA AURIS, OR "INSANE EAR."

THERE is nothing new in the statement that this affection is to be found in the sane as well as the insane, and Dr. Southam did not infer as much in his paper; in fact, he quoted an author who had described it as common among football players so far back as 1874. It is strange, therefore, to hear your correspondent, "Asylum Medical Superintendent," applauding as new the record of a case of hæmatoma auris in a sane patient. If your correspondent will look at Bryant's *Practice of Surgery*, second edition, he will find that so far back as 1876 Mr. Bryant says, "that the affection [hæmatoma auris] occurs in persons who have no hereditary history and show no symptoms of insanity is undoubted."

Since it was first described by Ferrus in 1838 much has been written on the subject. For a time it was supposed to be peculiar to the insane, but soon it was discovered to be common amongst boxers, wrestlers, football players, and others whose ears are exposed to violence. That it is still more common amongst the insane than the sane cannot, I think, be doubted; and that in the insane it is frequently traumatic is equally certain; but that all cases of hæmatoma auris as occurring in the insane are traumatic in origin is by no means proved. Hun,