

In May, 1913, the patient had a mild attack of epididymo-orchitis whilst staying in Sussex, and also suffered from boils, for which he was treated with a vaccine.

On December 13th, 1913, he was admitted to the Bedford Nursing Home under my care, suffering from high fever and swelling of the right testis and epididymis. The urine contained pus. On December 24th an abscess of the testis was opened, and the body of the testis, which had sloughed, was removed.

On January 13th, 1914, the epididymis was excised and sent to a pathologist, who found a coliform bacillus resembling the *B. pseudo-asiaticus* of Castellani.

A vaccine was prepared and used for a considerable time. Dr. L. G. Nash informs me that there have been occasional mild attacks of swelling of the left epididymis, and that *Bacillus coli* is still present in the urine.

CASE II.

On August 11th, 1917, I saw with Dr. Harrison of St. Neots a married man, aged 27, suffering from acute swelling of the left testis and epididymis. His history was that whilst serving in the army he had an acute attack of swelling of the right testis on May 7th, 1917. About May 20th the swelling was punctured and pus found. On June 1st castration was performed, and he was told that he was suffering from tuberculous disease of the testis. There was no history of urethritis. He left hospital on July 28th, and was discharged from the army.

On July 31st he returned home to his wife and sexual intercourse took place. On August 2nd he had pain in the left testis and slight swelling which progressively got worse. The swelling of the testis was preceded by frequency of micturition.

When I saw him on August 11th there was redness of the left side of the scrotum, and swelling and tenderness of the left testis and epididymis. From the history of the acute attacks in May and August I diagnosed an infection with *Bacillus coli*, and as he had lost his right testis I advised incision of the left testis with a view to letting out the infected products and saving some part of the testis. The patient was removed to the Bedford Nursing Home, and on August 12th I incised the scrotum and also the testis and epididymis. The testis had commenced to slough. Pus from the testis was sent to Dr. Eastes's pathological laboratories, and it was reported that the material contained the *B. coli* and *proteus*. A vaccine was made and twelve doses were given.

On October 25th Dr. Harrison reported that the wound had healed, the testis was atrophied, and the sexual functions were a good deal impaired.

REMARKS.

The cases related were both due to infection of the testis and epididymis by bacilli of the colon type. It is probable that the infection gained entrance along the vas deferens, as in both cases the inflammation of the testis was preceded by bladder disturbance.

In the diagnosis of this condition we must think of acute gonorrhoeal epididymitis, acute tuberculosis of the epididymis, and acute torsion of the testis. In both cases the occurrence of gonorrhoea was denied, and there was no history of any urethral discharge. Gonococci were not found in the urine or in the epididymis and testis. Further, gonorrhoeal epididymitis very rarely suppurates. In neither case was there any evidence of tubercle in the genito-urinary tract, and the acute onset and rapid sloughing of the testis did not resemble tuberculous disease. Torsion of the epididymis was not present in either case.

As to treatment, I believe that the use of a vaccine and early incision of the inflamed structures give the best chance of saving the testis.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

REFERRED SYMPTOMS IN COMMENCING INGUINAL HERNIA.

I HAVE examined 18,000 English and German soldiers, and have been much struck with a common symptom amongst a considerable number—namely, pain in the region of one costal margin, increased tension of the upper segment of one or other of the rectus muscles, a general feeling of discomfort in the upper part of the abdomen without any definite physical signs of indigestion or other intra-abdominal trouble. If such a case presents itself, and if the patient has been standing or walking for a couple of hours, and equal pressure is applied over both internal abdominal rings (with the thumb of each hand), the facial expression will show uneasiness, or actual pain may be localized over the ring on the same side as the abdominal pain for which advice was sought. Over and over again a cure of the symptoms has been obtained by the application of a lightly fitting truss.

The anatomical reasons to my mind are quite plain. The nerve supply of the intestines is from the solar plexus, situated chiefly round the crura of the diaphragm, and that of the abdominal muscles is through the lower intercostals.

The diagnosis to be correct must not depend upon asking if there is pain in a particular locality in the iliac region. If there is a facial expression of discomfort, or actual pain, ask where. The answer will mention the ring on the same side as the abdominal symptoms. This method of examination will exclude malingerers, and any leading question will cause in all probability a false diagnosis.

W. B. COSENS, Captain R.A.M.C.,
M.O. i/c Prisoners of War Hospital, Dorchester.

A CASE OF PORENCEPHALY.

R. I. M. was admitted into the Jamaica Government Lunatic Asylum on April 13th, 1914, with a history of epilepsy. She was a well-developed woman, aged 37, with right-sided hemiplegia. The right upper limb was flexed at the elbow, wrist, and finger-joints, a very limited range of movement being left. The muscles of the limb were quite wasted. The right lower limb was equally affected as regards wasting and limitation of movement. She could neither spit nor whistle, and saliva was continually dribbling from her mouth. She was suicidal but not dangerous. There was no instrumental delivery at birth. She began to have fits when 16 months old. The paralysis was noticed at the time, and she attended school for a period, but, owing to the severity of the fits, had to be taken away. No one of her relatives has been insane.

During her stay in the institution she had fits periodically, and suffered from recurrent attacks of pellagra, otherwise she enjoyed fairly good health. For six months before her death she had fits, but she gradually began to get very emaciated, and had to be confined to bed up to the day of her death, September 2nd, 1917.

Post-mortem examination revealed the following: The skull was very thick, dense, and heavy. The dura mater was thickened, fibrous, but not adherent to the calvarium. The pia arachnoid was opaque and oedematous. *Brain*: There was a notable disproportion between the two sides; right hemisphere—simple convolitional pattern, congested, no wasting; left hemisphere—simple convolitional pattern, pale, general wasting. On section from the anterior to the posterior pole there was a well-marked cavity containing straw-coloured fluid which was not turbid. When the fluid was let out the cavity was smooth, there being a complete absence of the basal ganglia or any other vestige of brain matter. Lying across the floor of the cavity were remnants of the choroid plexus. There was an excess of cerebro-spinal fluid. The brain weighed 895 grams. Examination of the cerebellum, pons, and medulla showed nothing abnormal. No morbid changes calling for special note were found in any of the other viscera.

For permission to publish particulars of this case I am indebted to Dr. D. J. Williams, Medical Superintendent.

H. E. BOND, M.D., Dip. Psych. Med.(Can.),
L.R.C.P. and S. Edin.,

Junior Medical Officer, Lunatic Asylum, Jamaica, B.W.I.

Reports of Societies.

FARM COLONIES IN THE TREATMENT OF TUBERCULOSIS.

A DISCUSSION on this subject was opened at a meeting of the Tuberculosis Society on January 21st by Sir R. PHILIP. He stated that it was nearly twenty years since in the BRITISH MEDICAL JOURNAL (July 23rd, 1898), he had made a plea for the establishment of farm colonies for tuberculous patients. It was founded on the experience of the Royal Victoria Hospital, Edinburgh, which showed that in a considerable number of cases complete arrest of tuberculosis could not be attained within the ordinary time limit of sanatorium residence, nor even when it was considerably extended, and that work of a definite

other classes and avocations there has been a similar call for material loss and sacrifice which is inseparable from any 'one-man' business, and the medical profession, though conspicuously entitled to credit and consideration, does not stand alone in this respect."

AUXILIARY ROYAL ARMY MEDICAL CORPS FUNDS.

At a meeting of the Committee of the above fund, on January 25th, the following two cases were considered:

Widow of a captain in the Auxiliary R.A.M.C. who died in France after two years' service. Applicant is training for a nurse in a maternity hospital. Granted £10 at once and another £10 in March.

Widow of a private in the R.A.M.C. who was drowned while on active service. Left with two children, ages 2 and 4. Only income army pension. Voted £5.

Major Ewen Maclean was reappointed chairman of the committee, and Colonel Hale White and Colonel Mansell Moullin commenced their duties as honorary secretary and honorary treasurer. The committee are anxious to receive applications for the relief of the orphans of commissioned officers in the Auxiliary R.A.M.C., also from the widows and orphans of non-commissioned officers and men in the same service.

Donations and subscriptions will be gratefully received, and should be addressed to the Honorary Treasurer, at 11, Chandos Street, Cavendish Square, W.1, and all other communications to the Honorary Secretary at the same address.

EXCHANGES.

R.A.M.C.(T.F.) Captain, M.O. in charge of troops, R.A. barracks, is desirous of changing over from shore to sea duties.—Address No. 450, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

An officer in the Southern Command wishes to exchange with one in the London district.—Address No. 449, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Medical News.

COLONELS Sir T. Crisp English, K.C.M.G., A.M.S., and Sir J. Purves Stewart, K.C.M.G., C.B., A.M.S., have been appointed Knights of Grace of the Order of the Hospital of St. John of Jerusalem in England.

THE report of the Special Committee appointed by the Central Control Board (Liquor Traffic) to inquire into the physiological effect of alcohol has been settled, and its publication is expected before the middle of February.

THE Lettsomian lectures on jaundice before the Medical Society of London will be delivered by Colonel William H. Willcox, C.B., C.M.G., A.M.S., as early as possible, and Dr. T. B. Hyslop will deliver the annual oration on May 13th at 9 p.m.

SIR ALMROTH WRIGHT will deliver a lecture on the method of testing and judging the divers forms of wound treatment, at the Royal Society of Medicine, 1, Wimpole Street, W., on Wednesday, February 13th, at 5.30 p.m. The chair will be taken by the president, Sir Rickman J. Godlee, and the Director-General, A.M.S., Sir Alfred Keogh, G.C.B., intends to be present.

ONE of the main objects of the Central Association for the Care of the Mentally Defective is to give advice to parents and friends of individual defectives and to form throughout the country representative local voluntary associations to visit defectives in their own homes and advise the parents. It has arranged to hold a conference at the Guildhall, London, on Tuesday next, when the chair will be taken by Mr. Leslie Scott, K.C., M.P., at 10.15 a.m.

BREAD tickets came into force in Paris and its suburbs on January 29th. The system will be applied to the whole of France on March 1st. The ration is 300 grams (10½ oz.) a day. The reasons assigned for making this ration compulsory are two: first, the necessity of meeting the requirements for seed grain of farmers who are putting larger areas under wheat; and secondly, the demands on shipping caused by the transport of American troops to France.

MESSRS. H. K. LEWIS AND CO. ask us to state that all the copies of Binnie's *Regional Surgery*, vol. i, which had been announced for immediate publication, have been lost at sea through the wreck of the ship that was bringing them from America. Copies of Gould's *Pocket Medical Dictionary* and Stitt's *Tropical Diseases and Practical Bacteriology* were lost at the same time. The same publishers have nearly ready the sixth edition of Dr. H. Lewis Jones's *Medical Electricity*, revised and edited by Dr. L. W. Bathurst.

Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

The telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, Westrand, London*; telephone, 2631, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

MORBID FLUSHING.

AFFLUXUS asks for suggestions as to treatment in the case of a lady, aged about 45 years, with delicate skin and complexion, who has suffered since girlhood from an increasing intense flushing of the skin of the cheeks, temples, and neck, provoked by any deviation from the ordinary daily routine.

* * This subject was discussed at some length in these columns a few years ago. The conclusion seemed to be that there is no specific that will cure this condition; it is a question of overcoming the reflex by practice. For the most part the treatment is a matter of auto-suggestion in which the assistance and encouragement of the medical man are important factors.

INCOME TAX.

A MEMBER is serving as captain in the R.A.M.C., and inquires as to the liability of his wife's income as matron of a military hospital.

* * The joint income of husband and wife presumably exceeds £500, in which case separate abatement cannot be claimed, and the wife's pecuniary emoluments are liable to assessment. Our correspondent does not state the precise nature of his wife's appointment, but the special service rate—for example, 1s. 9d. in place of 2s. 6d.—applies if she is "paid out of money provided by Parliament," or is "serving in any work abroad of the British Red Cross Society, St. John Ambulance Association," or similar bodies.

"BEAT" HAND.

A CORRESPONDENT inquires whether there is any different procedure in the case of a miner and other industrial workers suffering from "beat" hand (cellulitis), and if so, what is the reason for the difference.

* * The industrial diseases known as beat hand, beat elbow, beat knee are scheduled as such in the Workmen's Compensation Acts to apply solely to the occupation of mining. Consequently, only a miner, if suffering from these disorders, can apply to the certifying factory surgeon for a certificate of disablement, either employer or workman having the liberty of appeal through the registrar of the county court to a medical referee if dissatisfied with the certifying surgeon's certificate. Should the disorders arise in any other employment, the workman so disabled must establish, to the satisfaction of the county court judge, by the usual county court proceedings, that the condition followed personal injury by accident arising out of and in the course of the employment. The reason the simple procedure applies to mining is that beat hand, beat elbow, beat knee are considered specific to the employment of mining. If any trade can show that these disorders are so prevalent among the workmen as to be specific to that trade or employment, the matter should be brought to the notice of the Home Office for the purpose of having that trade or employment added to the schedule.

ANSWERS.

SPECIALIST PAY.

S. S. O.—In respect of their remuneration, officers in the army fall into two distinct classes. Class I receive what is known as consolidated pay, which covers the whole of their work, whatever it may be, and does not vary so long