

normal point. The heart is peculiar and varies much in rate; at times it is rapid, but more often slow; indeed, this (slow pulse) is one of the most striking features of the complaint and will serve to arrest attention in a case that might readily be passed by with the diagnosis of simple dyspepsia, for it is not uncommon to find the pulse-rate 45 or 50 in the minute, which is all the more remarkable in face of the fact that the patient's manner is nervous. The pulse tension is raised, though it is seldom very high. The hands and feet are generally cold, and the fingers are white at times and possibly suggestive of Raynaud's disease. In some cases sudden attacks of giddiness occur which are difficult to distinguish from slight epileptiform seizures. The knee-jerk, as a rule, is distinctly lessened and may be absent, and a peculiar sluggish habit of mind and body may be noticeable along with other character traits foreign to the patient. In young women the menstrual functions are often in abeyance for months at a time.

The following case is fairly illustrative. A girl, aged sixteen years, experienced an illness of six months' duration which commenced with loss of appetite, constant headache, and constipation. She was taken from school and coaxed to eat considerably beyond her inclination, chiefly meat extracts and animal broths, but without improvement, as she grew weaker and lost flesh, and suffered from sleeplessness and a feeling of prostration in the morning. On examination the patient was found to be thin; she had lost half a stone in weight. The face was pale and muddy and the tongue furred and flabby. She was constipated, had constant headache limited to the frontal region, and was sleepless during the early part of the night. The pulse was rapid, over 100, and the tension high; the heart apex was prominent and a little to the left of the normal position. The knee-jerk was practically absent. The urine contained a trace of albumin; the specific gravity was 1030 and the amount of uric acid was 0.106 per cent. The total amount of uric acid excreted in twenty-four hours was 25 gr., or upwards of three times the normal amount.

In another case, that of a girl, aged fifteen years, the illness had lasted twelve months before she came under my observation. Loss of the knee-jerk, slow pulse (averaging 60 in the minute), constant headache, and dyspepsia were the most striking symptoms. In this case 13.8 gr. of uric acid were passed daily, about 0.061 per cent., or nearly double the normal amount.

My note-books contain a number of similar records which might be adduced, were it necessary, to illustrate further the connexion between uric acid and impairment of function in young people amounting to disease. The difficulty seems to lie in diagnosing between the hysterical or neurotic abeyance of function and that depending upon uricacidæmia, but in typical cases the slow pulse and the loss of the knee-jerk will point clearly towards the latter. I may mention that dietetic restrictions have produced excellent results in the majority of these cases. I am indebted to Dr. Robert Bolam for the analyses of the urine.

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#### DELAYED DESCENSUS TESTICULORUM WITH SYMPTOMS OF INGUINAL INCARCERATION.

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ON March 26th I was sent for to see a boy, five years of age, who had been quite well till two days previously, when, without any apparent cause, he was suddenly taken ill with violent vomiting, which had persisted and prevented his keeping down even the smallest amount of food. All this time he had been in a dazed condition; the bowels had not acted since the morning of the 24th. When I first saw the patient he appeared to be in a semi-conscious state from which he was easily roused so as to answer any question addressed to him, but he fell back into his dreamy condition immediately after having done so. The lips and finger nails were livid. The temperature was 101.2° F., and the pulse at the wrist was 125, feeble, and intermittent; but auscultation proved that the irregularity was apparent rather than real, the heart's action being so feeble that not every pulse-wave reached the wrist. On examination I found that both sides of the scrotum were empty, and in the left inguinal region

I detected a tender swelling about the size of a small pigeon's egg which was dull on percussion and resistant to the touch. Both inguinal rings were open; the left inguinal canal contained a hard tumour corresponding with the external swelling, while the right one was empty. I ordered an ice-bag to be applied locally, ice to be sucked, and sips of iced milk to be taken, and being doubtful as to whether there was not a strangulated bowel behind the enlarged testis I prescribed small doses of laudanum at frequent intervals. The next morning I was informed that the patient was decidedly better and that he had not been sick during the previous twenty-four hours. On inspection, however, I found that the cyanosis had deepened and spread; the heart was even weaker than it had been the day before, and locally there was very little change. I ordered brandy to be given in large doses and three leeches to be applied over the tumour. Free bleeding having taken place the size of the tumour diminished considerably. But now I discovered in the right inguinal canal a small mass presenting all the characters of a normal testis. Under appropriate treatment the orchitis rapidly disappeared, and by April 11th the patient had completely recovered and both testes lay outside the inguinal rings.

No doubt the above case was one of late descensus; the left testis had become strangulated during its passage through the inguinal canal, while the right one apparently descended without giving rise to any symptoms. But what is to my mind a most striking feature in this case is the peculiar bilateral synchronism of a fœtal process in extra-uterine life.

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#### A FATAL CASE OF TETANUS ARISING FROM INJURY TO THE LEFT THUMB.

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A MARRIED woman, aged forty-two years, fell on April 1st on the stalk of a chrysanthemum from which the flower had been cut; a piece of the stalk entered the ball of the left thumb. She polticed the hand, not being aware of the presence of the splinter. On the 6th she was taken very ill, with pain in the back of the neck and shoulders, and she was at once sent to the Salisbury Infirmary, where she was admitted about eight o'clock on the 7th suffering from tetanus, convulsions occurring hourly and getting more frequent after admission. An abscess was pointing at the back of the left thumb. This was opened under chloroform and there was removed a large splinter, evidently part of a stalk of a plant. It was an inch long and about a quarter of an inch broad, with jagged edges. The abscess cavity was wiped out with strong carbolic acid and fomentations were applied. Nutrient enemata were given every four hours, together with large doses of chloral and bromide. Anti-tetanic serum was telegraphed for and arrived from London within three hours, but she was dying on its arrival. The convulsions, which had quieted under the chloroform, became more frequent, and she died about four o'clock in the afternoon. She was in bad health at the time of the injury. An inquest was held, a verdict of "Accidental death" being returned.

Salisbury.

DEVONSHIRE HOSPITAL AND BUXTON BATH CHARITY.—The annual meeting of the Devonshire Hospital and Buxton Bath Charity was held at the hospital on May 1st, Dr. Robertson being in the chair. The report showed that during the year ended April 30th there were 2770 in-patients under treatment, of whom 2472 were discharged as "improved," 6 died, and 172 remained on the books on April 30th. There were also 210 out-patients received during the year, of whom 161 were "improved." Of the 2770 cases 2184 were classed as rheumatism, arthritis, and gout; 179 were classed as diseases of the nervous system; and 850 suffered from heart disease connected with rheumatism and other morbid conditions. In the course of his address the chairman said that the effect of the Buxton water when used as baths is conditional upon its absorption through the surface of the body, and that the baths of the natural temperature are far more reliable than those which have been raised to higher degrees of warmth.