

The valves of the intestinal veins, like those of the rest of the portal system, are bicuspid. They are also thin and delicate, and in the infant extremely elastic. In man the line of contact of the two halves of the valves, in the majority of cases, is nearly parallel with the course of the intestine.

The number of subjects intermediate between the infants at birth and the adults which were examined is very small, and the conclusions based on them may have to be altered after a wider experience.

CONCLUSIONS.

These observations show that at birth the valves on the intestines are quite numerous in man, and at this age they are more abundant on the large intestine. Also that in a few months the valves either disappear or become incompetent, with few exceptions. In adult man there are usually a few valves, and these are more abundant in the small intestine, especially in the superficial tributaries of the *venæ breves*. These valves are more numerous in the jejunum, and disappear as we approach the cæcum.

Though the valves just described were discovered since Hochstetter's paper was written, his remarks on the significance of valves in the portal system will apply to them. After alluding to the fact that the presence of valves in the branches of the portal vein seems widely spread among mammals, he says: "But only in individual species, as in the beasts of prey, do the valves possess great importance in connection with the circulation. In many species they are to be considered much more as rudimentary organs, which act either only in youth, as in men and perhaps the ape, and later in part or wholly disappear, or for the most part, as in the rabbit, are very imperfect."

Clinical Memoranda.

PUERILE GENITALIA.¹

BY F. B. STEPHENSON, M.D., U. S. N.

ALTHOUGH the subject is mentioned by the ancients, from an examination of modern literature it appears doubtful that reliable data on cryptorchidia exist earlier than about 1720. Since then a great variety of cases have been reported, as given, for instance, by Godard ("La Cryptorchidie," par Ernest Godard, Paris, 1857).

One or both testicles may continue in the abdomen, or be fixed more or less permanently in some portion of the passage to the bottom of the scrotum. Occurring normally at or near birth, complete descent has taken place as late as twenty-five (Godard) and thirty-five years of age (Mayer). When other signs of non-perfection exist, such as a weak voice, delicate structure, thin pubic growth, etc. (showing absence of masculine organism), virility is more than doubtful. The retained (undescended) seminal gland often undergoes a sort of fibrous transformation; or, various degenerations, as fatty, tuberculous, cancerous. An ill-located testis occasionally becomes troublesome, inflamed, from mechanical relations; it has been mistaken for an inguinal gland and for a hernia.

Dissection has shown that, sometimes, one of the

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pair is absolutely wanting, only rudimentary traces of the cord, etc., being found.

The testimony is rather conflicting as to whether double non-descent causes sterility. Godard, from microscopic examination, decides that where the testes remain in the abdomen procreation is impossible. John Hunter admitted that he had seen one case where they continued in the abdomen, and the person had all the passions and powers of a man. Two cases of undescended testicle are reported (*The Lancet*, June 16, 1877) where other signs of virility (as normal penis) existed, both having offspring. Another case, aged twenty-six, had both partially descended, with diminutive penis. After having seen his future marital companion the parts took on active growth: at twenty-eight years they were of normal size, and the man became a father (Curling, from Wilson).

When the sperm glands are in malposition outside of the abdomen, the ability to perform their office will be variously modified by the relations of surrounding structures, as to pressure chiefly. In any case, the prognosis must depend much upon other signs of adult physiology.

The preceding case resembles that now presented, which may be described as double inguino-scrotal cryptorchidia. The man is twenty-two years of age, generally well formed, of normal, healthy blood connection. The penis is of infantile size, though the patient states that erection has taken place, with the usual sensation on ejaculation, the organ then becoming about double its length when flaccid. Neither testis is in its natural place; the right can be easily pushed down, while the left may be felt near the pubic attachment of the scrotum; both are very small.

Another man, aged nineteen, recently seen, was well formed; had a very long trunk; penis unusually long and thick; right testicle larger than the average; left not apparent in the scrotum or elsewhere. He said that his brothers and sisters had children; that he did not know himself different from other boys; that he first noticed absence of testis when seven years of age. He appeared dull of intellect.

Dr. Marshall, in nearly 111,000 recruits, met with one case only where the two glands had not come down. He found, in 10,800 recruits, one double ectopy, eleven of single displacement (five right, six left).

Cryptorchids may be arranged in three classes:

- (1) Those having neither desire nor power of sexual intercourse.
- (2) Those having power of sexual intercourse, but incapable of fertilizing.
- (3) Those having the desire and capacity for sexual intercourse, possessing normal semen, but who fear to marry because they think the testes useless, not being in the scrotum.

Little is known as to the cause. Some cases are hereditary. The dissection of one case showed no structural impediment to natural descent. Various anatomical abnormalities have been alleged without much logical basis. Lesions of adjacent parts (as gubernaculum) may hinder the usual course. Scarcely more can be assigned in explanation of origin than "incomplete development."

In this connection, it may be said that some observers consider feeble intellectual powers a consequence, or concomitant of such abnormality, but proof thereof has not been found in professional archives.

In regard to treatment, we find the account of one

case where the gland was forcibly removed from the canal and pushed to its natural place in the scrotum, but without success. No operative interference or manipulation, except to relieve pain from mechanical relation of parts, seems to have been reported as beneficial. Godard gives several cases similar to the first, now shown. In his book are a number of plates showing dissections.

According to the testimony as recorded, it is evidently unscientific, as well as unkind, to affirm as yet absolute sterility simply from cryptorchidia. A man's life may be made miserable by such a suspicion. However, the bearing of this condition on the question of marriage is worthy of serious consideration.

It may be of interest to add that these anomalies of testicular position have been observed in the dog and horse. Such displacements are analogous to conditions permanent in some of the lower animals. In this respect, the chimpanzee most resembles man. The upright posture is alleged to have causal influence on normal descent in the human anatomy.

A CASE OF APPENDICITIS, WITH AUTOPSY.

BY E. WARNER, M.D., WORCESTER, MASS.

ON the evening of July 19th, was summoned hastily to a patient, Mrs. W., aged fifty-nine, who was found to be moribund, extremities cold and pulseless, countenance indicative of great distress, very restless, complaining more particularly of pain in the right iliac region.

It was suspected to be a case of pericæcal trouble, and a case for which at an earlier moment operative treatment might have been of service. In fifteen minutes after arrival the patient was dead.

From friends the following history was obtained. On the 13th, the patient complained of feeling chilly. On the 14th, had decided chills and pain, followed by sweating. Tried to walk on the street, but had to return. On the 15th, was more comfortable. On the 16th, resumed the attempt to walk on the street; and though suffering considerable from pain all the time, took quite a long walk and attended to some business. The following night pain increased, and vomiting occurred. The night of the 17th, patient was described as "up and down all night with the pain." The 18th, was passed amidst great pain and suffering; and at ten P. M., a "spasm" was reported, lasting about half an hour. On the 19th, loose, watery stools occurred, having been previously constipated, and the patient would scream when the abdomen was rubbed.

She had complained at times for about four weeks of a little pain in the right iliac region. Had a previous attack, as the friends said, a year and a half before. There was an old umbilical hernia which had given the patient more or less trouble for several years.

Up to noon of the day she died she was under the care of a so-called Christian Scientist. At this time a clairvoyant was called, who years before had been the medical adviser, who had sufficient skill to detect the gravity of the case, and with conscientious regard for the care of the patient, advised to call a regular physician immediately. It was evening before the regular physician was summoned, and an hour later the writer saw her in consultation, with the result above described.

Autopsy the next day. On section, a layer of fat

two inches or more in thickness over the abdomen was divided. The whole colon was greatly distended with gas, and from the right side chiefly, and coming from below, purulent fluid appeared at the opening: this being removed by sponge, and recent light lymph adhesions broken up, the appendix came prominently into view. It was attached by recent lymph adhesions to a coil of small intestine. On its anterior border and near its junction with the cæcum, appeared in full view a perforation large enough to admit the point of an ordinary director. It was thickened, dark colored, and about the size, in length and breadth, of a little finger. It contained some small faecal masses, about the size of large white beans. The sigmoid flexure seemed to be held down by firm and old adhesions. Apparently deposits of lymph had formed partitions sufficient to prevent the general peritoneal cavity from becoming involved in peritonitis. Had the patient lived longer, it may be a question whether general peritonitis, or a localized abscess had been the result. The inflammation of the appendix had progressed so rapidly and its perforation had followed so promptly a partition wall of lymph of sufficient strength to retain the pus deposit had not been thrown out. The cæcum appeared entirely healthy, the vermiform appendix seemed the only part originally at fault.

This case seemed to throw light upon the conclusion reached by Dr. Thomas G. Morton when he says: "Recent pathological researches have demonstrated that, as a rule, in cases presenting the well-recognized characters of typhlitis the symptoms are almost invariably due to appendicitis. Exceedingly rare are the cases in which the cause resides in the cæcum. Pericæcal abscess may then, in most cases be said to mean disease of the appendix vermiformis."

Dr. H. H. Smith, of Philadelphia, says appendicitis is mostly met with before forty-five; perityphlitis is rare after forty. He quotes Bauer as stating that typhlitis is most common between sixteen and thirty-five. It will be noted that this patient was fifty-nine.

The umbilical hernia was of the small intestine, its anterior wall at one point having been protruded till it had assumed much the shape and size of a soft rubber nipple. Beyond this the part seemed normal. The great distress and rapid exhaustion of these cases is very striking. Symptoms so characteristic and formidable when once seen cannot be easily forgotten.

Christian Science seems to be quite popular in this city. A recent case, of newspaper notoriety, has just been reported, where the suffering of the patient was so severe as to arrest the attention of the near neighbors, and in which the resulting death was returned as due "to change of life," has this very morning, August 22d, in our local papers a note of apology from the near relatives, stating that the treatment was satisfactory to them and according to the wishes of the patient. How horrible must be the sufferings of a patient under appendicitis and receiving only the treatment of a Christian Scientist!

First Undertaker: "Well, we can't complain much of dulness of business.

Second Undertaker: No; it is true we have no cholera or yellow fever this summer, but there is a very encouraging epidemic of the mind-cure in places. — *Life.*