different stages, is not confined to the testicle, but exactly similar appearances will be found in the brain, and it is impossible on examining this new growth to decide whether the specimen under the microscope is taken from the testis or from the brain. When the complaint is more intense yellow gummatous tumours are developed, either in the thickened tunica albuginea or in the gland substance. The increase in size and the nuclear division of the connective-tissue corpuscles are well seen. The nodosities suffer fatty degeneration, but, owing to the quantity of fibrous tissue present, are firm, compact, and dry, and not soft like a tuberculous deposit. Syphilitic orchitis is an important complaint, as the secretion of the testicle is interfered with. The yellow mass is not vascular, and is generally found in the testis, rarely in the epididymis.

Hernia testis, benign fungus, or granular swelling follows when the skin and tunics of the testicle give way and allow the seminal tubes to protrude. Lawrence,² in 1808, showed that the fungus had its origin in the glandular substance of the testicle itself, and was not malignant. The confinement of the inflamed and swollen gland substance by the thick tunica albuginea causes intense pain, which is relieved when ulceration ensues and the fungus escapes. As an improved method of treatment, Lawrence recommended the removal of the fungus by means of escharotics, ligature, or the knife, instead of the removal of the gland by castration, the then recognised mode of treatment. Mr. Syme pointed out that more or less of the gland was sacrificed, and that sometimes only the epididymis remained, and that the treatment was tedious. Mr. Syme proposed, in its stead, the operation that goes by his name, a method of cure at once conservative, safe, and rapid. On section the tubuli seminiferi are seen radiating from the attached base to the circumference, with white granular organisable lymph between them. The microscope shows tubules and interposed lymph. Mr. Syme argued that pressure was the proper treatment, and that it could be best applied by its natural covering, the elastic skin. The indurated circle at the base of the fungus is removed and the skin dissected up all round; the fungus is then placed in the scrotal pouch prepared for it, and the skin carefully united over it by silver wire sutures. The skin adheres to the surface of the fungus and at its cut edges. Sir William Fergusson used harelip pins instead of the sutures. The discharge from a fungus testis contains spermatozoa. M. Jaryavay has described a superficial form of benign fungus which springs from the surface of the testicle. An attack of syphilitic orchitis is painless until the testicle attains a large size, when there is a dragging pain, and is often neglected, as are also the relapses, which are frequent. Testicular sensation is lost. The symptoms come on insidiously, with increase in the size of the testicle and eventually of the epididymis, which feel very hard. The testis may become as large as a closed fist, oval in shape, and flattened from side to side, with hard nodules projecting from its surface, which are often obscured by a hydrocele. The cord is not enlarged. Both testes may be enlarged. The treatment by perchloride of mercury and iodide of potassium is very successful, and a fungus protrusion rarely occurs.

A CASE OF SYMMETRICAL SCIATICA IN A DIABETIC PATIENT; TREATMENT BY SALICYLATE OF SODA.

BY THOMAS BUZZARD, M.D., F.R.C.P.,
PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED
AND EPILEPTIC.

A LADY, aged sixty-eight, who was found three years ago to be affected with diabetes mellitus, was put upon a partially restricted dietary, under which she enjoyed a very fair amount of health. The quantity of urine, which was large, at once ceased to be in excess, and the thirst, which had been distressing, entirely left her.

In December last, after a rigor, she was seized with acute pains across the loins and in both sciatic regions, with some slight elevation of temperature. After a sleepless night, with constant pain, ten grains of salicylate of soda were

given, and two hours afterwards a similar quantity. After the second dose the pain was materially lessened and ceased after a third dose. There was no return of pain and the patient rapidly resumed her usual health and occupations.

On February 5th the patient felt nausea, disinclination for food, and inward chilliness, like a "shivering in the bowels;" next day the bowels were moved loosely about once an hour for six hours, with very severe pain at the bottom of the belly and low down in the loins. Next day and for two or three succeeding days there was a recurrence of these symptoms. On the night of February 10th she was suddenly seized with excruciating pains in the loins and down both lower extremities back and front, but by far most severe at the backs of the thighs and calves. The pain was of a cramping character, never ceasing, but occasionally rather less intolerable than at other times. Three doses of twenty minims of morphia were given without producing any relief, and sleep was out of the question. This agonising pain began at 10 P.M. At noon next day, when she continued in dreadful suffering, she took fifteen grains of salicylate of soda. Half an hour after this the pains were deadened. After a second dose, two hours later, the pain became quite bearable. A third dose, after a similar interval, caused the pain to subside altogether, whilst some noise in the ears was complained of. There has since been no return of the neuralgia. The urine contains sugar, though not in large quantity. In this attack the thermometer marked no elevation of temperature.

The patient acknowledges that she has not been quite so careful in her dietary as regards farinaceous material during the last few months, having felt so much better.

In cases of symmetrical neuralgia which have hitherto come before me I have been in the habit of examining for one or other of the following conditions: lead poisoning, ague, Bright's disease, scurvy, syphilis, and in cases where the pains have been characteristically "lightning like," tabes dorsalis. Examples of bilateral neuralgia occur in connexion with each and all of the above conditions; but I had had no experience of the occurrence of symmetrical neuralgia in diabetes until the present case. I was about to refer to authorities upon the disease to see whether the association had been observed when an interesting article by Dr. L. Souligoux, in a journal forwarded to me,¹ supplied the necessary references.

In September, 1880, Dr. Jules Worms² brought a communication on the subject of "diabetic neuralgia" before the Academy of Medicine of Paris. Before this Marey, Braun, and some others had mentioned sciatic neuralgia as a frequent complication of diabetes, and Rosenstein had advised the examination of the urine for sugar in all cases of obstinate neuralgia. But it seems to have been reserved for Dr. Worms, so far as I can find, to point out the special features of diabetic neuralgia—viz., its tendency to affect nerves symmetrically on the two sides of the body. He also points out, what was a striking feature in the present case, the unusually painful character of the affection. His observation of its refractory and unyielding character my experience is fortunately unable to confirm in this particular instance. The effect of the salicylate of soda was so remarkable on each occasion that, in spite of a wholesome distrust of solitary experiences in general, I have thought it only right to record the fact for what it is worth. I may add that I have not found any such notable results from the use of salicylate of soda in ordinary cases of neuralgia.

It seems to me not improbable that severe gastric attacks—pain in the stomach and vomiting—with which this patient was affected on several occasions, before the nature of her disease was discovered, may really have been the equivalent of neuralgia in the district of the pneumogastric nerves. There are a number of points of great pathological interest in connexion with this subject, the discussion of which I must postpone. My object now is to call attention to the fact, first prominently brought forward by Dr. Jules Worms of Paris, that a form of neuralgia is apt to occur in the course of diabetes mellitus, characterised by its attacking symmetrically the two sides of the body, as well as by its unusual severity; and also to my personal observation, that two attacks of this kind, which had failed to be influenced at all by morphia, yielded with remarkable rapidity to the employment of salicylate of soda.

Grosvenor-street, W.

¹ Revue Hebdomadaire de Thérapeutique, Vichy, Feb. 12th 1882.

² Bulletin de l'Académie de Médecine, 2e série, t. ix.

² Edinburgh Medical and Surgical Journal.