

latter can be utilized, which is not rarely impossible. It would, however, be uncertain and unreliable, while with simultaneous tracings the precise interval can be measured with perfect accuracy. I use the Mackenzie polygraph in practically every case, and consider the graphic tracings so essential to accurate diagnosis that I would deeply regret if any one should on my recommendation forego these for a method which, while it has a value, is limited in its application and falls short of the requirements of scientific accuracy. It was only intended to serve as a means of prolonged observation of arterial and venous pulsation, and, especially when the apex beat can be utilized, of making a preliminary diagnosis of heart-block, which should, of course, be verified and studied in detail by graphic tracings.

The diagnosis of heart-block, even of the partial form, should not, as Dr. Hirschfelder remarks, be made without verification by simultaneous tracings of the venous and arterial pulse. It should be borne in mind, however, that partial heart-block can be produced by other lesions than degeneration of the conducting bundle of His—conditions from which complete recovery is entirely possible so that the "sombreness" of the diagnosis of partial heart-block depends on its pathology. The ventricle, because of nutritional or other changes, may have its irritability so depressed that it will not regularly respond to a normal auricular impulse transmitted through a perfectly normal set of conducting fibers; or, on the other hand, an impaired tonicity of the auricle may very probably initiate an impulse so weak as to be occasionally ineffective.

We clinicians are more than grateful for the criticisms and scientific methods of the physiologists, for they have made possible the tremendous strides which have been made within the last decade in cardiac pathology and therapeutics.

A CASE OF DOUBLE PLEURISY WITH EFFUSION.

J. F. M'GARRAHAN, M.D.
CONNEES, N. Y.

Cases of double pleurisy with effusion are seemingly rare enough to warrant the following report:

Patient.—M. W., aged 11½, was first seen June 18, 1903.

Family History.—On the father's side this was negative. There had been several cases of pulmonary tuberculosis among the mother's sisters, one of whom was ailing at the time this child was seen. A sister of the patient had pleurisy with effusion four years before, which required early aspiration and the girl made a good recovery. One brother died at 4 years of diphtheria.

Personal History.—The girl had typhoid fever at the age of 8. Six months before the present attack she developed a rash resembling scarlet fever, which disappeared in 24 hours. The child was not very sick at the time. Ten days before I was called she came home from school with fever, headache, vomiting and nosebleed. A harsh dry cough quickly developed, which was associated with some pain through the chest and much distress. The fever continued and breathing became much embarrassed. The cough was distressing and bothered her greatly; she was unable to lie in any one position except for a short time, and had to be propped in a chair day and night. There was repeated epistaxis and much prostration.

Examination.—When first seen dyspnea was very marked, respiration was 60, temperature 102.6 F., and pulse 160. The child was cyanosed. Inspection revealed limited motion of the lower chest. There was dullness on percussion, merging into flatness, beginning at the angle of the scapula on the right side, and 1½ inches above the angle on the left side, and to about the fourth rib anteriorly on both sides. Auscultation showed harsh breathing, bronchial in character, over both sides, above the area of dullness, and over this area there was fairly distinct transmission of the bronchial respiratory sounds. The heart showed little displacement and no organic lesion. The urine was negative.

Treatment.—The left chest was aspirated June 19, giving 19 ounces of light colored fluid and on the day following aspiration of the right chest gave a little over a pint of fluid of the same character. Much relief followed the removal of the fluid, and the usual medical treatment—counter-irritation, diuretics, an occasional saline cathartic and iodine in several of its forms—was used. The thickened pleurae were rather slow in returning to normal, but under outdoor life, syrup of iodine of iron and cod liver oil, the child made a good recovery and was discharged as cured August 14. Since this time she seems healthy.

MALIGNANT TUMOR OF THE TESTICLE.

J. B. CUTTER, M.D.
Surgeon to the Santa Fe Coast Lines.
ALBUQUERQUE, N. M.

The recent report¹ on this subject calls to mind a similar case coming under my own observation.

Patient.—J., a brakeman, applied to me, in May, 1906, for relief of what he had been told was hydrocele.

Examination.—The left testicle was found to be enlarged to the size of a lemon; it was fairly firm and not painful. Operation was advised and submitted to and the left testicle was removed and found to be carcinomatous. Recovery was uneventful and the man soon returned to work. A bad prognosis was given.

Subsequent History.—In November, 1906, the man returned for treatment and placed himself under the care of another physician, having meantime left the employ of the railroad. I was called to see the patient in consultation and found in the left hypochondrium a more or less movable mass. This had been gradually increasing in size and had been variously diagnosed, having been called among other things, a floating kidney. The man was emaciated and typically cachectic. A fatal prognosis was given in keeping with the original findings. The man insisted on an operation, which was performed; he died about ten days later. A growth involving the abdominal viscera of the left side was found, and no attempt at removal was made. The involvement was of course metastatic and although no microscopic examination was made it was undoubtedly carcinomatous, as was the testicle.

TRIPLETS WITH ONE PLACENTA.

WALTER E. SCARBOROUGH, M.D.
SHELBYVILLE, ILL.

Parental History.—The father and mother are natives of Illinois; the father is 38 years of age and the mother 32. The mother had previously given birth to seven children, two of whom were twins.

History of Present Case.—I was called at 3 a. m., February 1. On making an examination I found the right foot presenting. The amniotic sac had not yet ruptured, so I punctured it and with the next pain the right foot descended into the vagina. Delivery was easy. After tying the cord I made an examination and found another sac presenting. In the course of 45 minutes I ruptured it and found a breech. The child was delivered, the cord tied, and another amniotic sac appeared; this I ruptured and, after 30 minutes another breech presented. This delivery was more difficult than the others.

Remarks.—A peculiar feature of the case was the fact that there were three distinct and separate amniotic sacs and only one placenta, which was delivered after the last child was born.

After the third day the mother was able to nurse all three children. The three—two boys and a girl—weighed together 20½ pounds.

1. Rolfe (W. A.): A Rare Form of Malignant Tumor of the Testicle. THE JOURNAL A. M. A., Feb. 9, 1907.