

sufficient skin to cover the organ. This was rapidly dissected up and held aside by an assistant. Another incision was then made over the right testicle, and continued upwards over the presumed course of the spermatic cord till it joined the extremity of the previous incision on the right side. The gland with its spermatic cord was then detached and held out of the way. A similar corresponding but much longer incision was now made on the left side over the situation previously marked as the probable position of the left testicle; and this, being found, with some difficulty, deeply embedded in the hypertrophied cellular tissue, was traced upwards to the groin and similarly held aside. Thus far but little blood had been lost, and I now examined carefully to ascertain the nature of the deep attachments of the growth, exposed as this now was on its anterior and upper surfaces by the previous dissection. After a few touches of the knife, I soon found that the chief attachment was by a comparatively narrow pedicle, composed of dense fibrous material and not thicker than the base of the thumb, which passed upwards towards the position of the left external ring. It looked very like a hernial descent from the abdominal cavity, but its density was such that I was satisfied that it consisted only of tough fibrous material. Before dividing it, I deemed it safe to pass a stout ligature around it, immediately beneath which I cut it through, and I then saw clearly that there were no further attachments. I next, with a large knife, swept round the lateral and posterior parts of the thickened neck of the scrotum about four to six inches from its junction with the body, and severed the entire mass. The gentleman who was assisting me compressed the immense wound as it was exposed, and the vessels were taken up and tied as the pressure was removed, first at one point and then at another. By following this method, no great amount of blood was lost. The margins of the incision were afterwards brought into tolerable contact, the testicles were covered in, and the penis was sewn up in its separate sheath. The patient made an excellent recovery, and was discharged cured a few weeks after the operation.

On examining the enormous mass after its removal, it was found that the greater bulk of it consisted of hypertrophied scrotal skin and subcutaneous tissue, the latter so infiltrated with serum as to present an almost jelly-like appearance. Embedded in this was the original growth, about the size of a 32 lb. shot, enclosed in a firm capsule, and presenting on section all the appearances of a fibro-cartilaginous tumour. Subsequent microscopic examination showed this to be its true structure. From its upper part a firm band had passed upwards, which was divided in the course of the operation, as above described.

SCARLATINA IN INDIA.

By SURGEON CHAPPLE,
ROYAL ARTILLERY.

My attention having been drawn to an article in the *Indian Medical Gazette* of June 1st, 1871, headed "Scarlatina unknown in India," questioning the accuracy of the statement in THE LANCET of Feb. 11th, 1871, that cases of scarlatina have been met with in India, and calling "on anyone in possession of positive evidence on the subject to submit it fully to the judgment of the profession," I offer the following brief report of an outbreak of scarlatina at Kirkee, which I think will convince the most sceptical that genuine scarlatina, and of a very serious type, does occur in India.

Kirkee is a large Artillery station, about 1850 feet above sea-level, and within six hours by rail of the Presidency town, Bombay. On the 31st of January a draft of Artillery, consisting of seventy-five men, seven women, and twelve children, arrived at Bombay in the troop-ship *Euphrates*, and was sent by rail to Kirkee on the 2nd of February. Several cases of scarlatina occurred during the voyage from England. On the 20th of February a child was admitted into hospital at Kirkee with scarlatina. On the 26th of the same month two children were admitted; on the 27th another child; and cases continued to occur, at different dates, up to the 28th of April, when scarlatina finally disappeared. The outbreak lasted nearly three months, during

which time fifteen children were treated, one woman, two ladies (wives of officers), and two children of officers.

It would occupy too much space to enter into details of symptoms present in each case; but the length of the primary fever, the progress and character of the eruption, the peculiar tongue, and the throat implication, put the diagnosis of scarlatina beyond all doubt. In four cases there were ardent fever and delirium for three days after the appearance of the eruption. Three children, aged respectively two, four, and five years, died on the second day of convulsions; the eruption in these fatal cases was suppressed, but it could be seen distinctly beneath the surface. One child, aged three years, on the fourth day of the disease suddenly gasped, and matter gushed from the nostrils; the nurse ran to the child at once and took her up, but she was dead, suffocated no doubt by the bursting of an abscess in the throat. Two cases were marked by painful swelling of the wrist, knee, and ankle joints during the second week of the disease. In one woman who was attacked the appearance of the eruption did not mitigate the fever; on the fifth day she became delirious, and on the seventh the temperature in the axilla was 106.4°, the highest noted; she died on the following day; cuticle desquamating at time of death. Measles was prevailing amongst the children prior to the outbreak of scarlatina, and, for about a fortnight after the first case of scarlatina, coexisted with this disease, making the diagnosis more easy and certain.

The most careful inquiries failed to elicit any history of exposure to contagion in the following case:—

An officer's wife and her two children arrived at Kirkee about the 18th of March, on a visit to her sister. She came from a station 600 miles up country, where there had never been a trace of scarlatina. On the 21st of April she got fever, and in due course all the symptoms of scarlatina were developed. The disease ran through its usual stages, and was followed by abscess in the ear and deafness. The lady stated that she had suffered *twice* before from scarlatina. She lived fully a mile from the infected quarters, held no communication whatever with any of the soldiers' wives or children, and her servants, being all natives, made the liability of contagion through them almost impossible. As soon as the nature of the disease was diagnosed her children were removed to the house of another lady, but the children were attacked within a week, and finally the lady in whose charge they were suffered. In these latter cases the disease was very mild. The mean temperature during the months of February, March, and April was respectively 78°, 81°, 85° Fahr. in the shade. High temperature—sometimes over 100° in the shade—neither increased nor decreased the spread of the disease.

Remarks.—I think there can now be no doubt that scarlatina is not unknown in India; and that, when it does occur, it is as highly contagious and serious a disease in this country as in England. I have served eleven years in India, and never met with a case of scarlatina before the outbreak just described. Assistant-Surgeon Parr, R.N., and Staff Assistant-Surgeon Eaton, who had charge of the female hospital during the outbreak, have no doubt whatever that the cases admitted were genuine scarlatina. One child out of six, taking the average strength of soldiers' children, was attacked. The opinion of THE LANCET of the 11th of February, that the disease has been imported from England, seems confirmed; and I trust I have fulfilled the wish expressed in the same article in tracing the origin and progress of the outbreak of scarlatina at Kirkee.

Kirkee, June 19th, 1871.

REPORT OF THREE OBSTETRICAL CASES OF AN UNUSUAL CHARACTER.*

By J. HARRIS ROSS, M.D., M.R.C.S.

A CASE OF DOUBLE UTERUS, WITH CONCURRENT PREGNANCY.

MRS. C—, the subject of these remarks, is a woman aged thirty-three. She has been married fourteen years; and, previous to the circumstance I am about to relate, had been delivered of six children. With the last three I was the medical attendant; but had never before had the oppor-

* Thesis for Graduation at the University of Glasgow, 1871.