

could be obtained by analysis. The heart, lungs, and spleen were normal and contained no trace of mercury, but the lungs were slightly congested.

Patrinton.

VIRILITY OF CRYPTORCHIDS.

By R. MILNER SMYTH, L.R.C.P. & S. IREL.,

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THE following notes, considering the few recorded cases, and the extremely rare occasions under which cryptorchids are met with, and also in relation to the sterile or non-sterile theories in the matter of procreative abilities in these cases which have been put forward by various authors can hardly fail to be of interest to the profession.

A man was admitted to the Durban Government Hospital on June 27th, 1899, suffering from strangulated incomplete inguinal hernia on the right side. On examination the scrotum was found to be empty and the left testicle could be easily felt in the inguinal canal close to the margin of the external ring. At this stage, owing to the extremely tense and painful condition of the rupture the right testicle could not be located. The symptoms being urgent, and any attempt at reduction by taxis considered inadvisable, the hernia was cut down upon and reduced. The right testicle was then found occupying a position in the inguinal canal, similar to the left, having been obscured by the loop of intestine. The testicle was allowed to remain *in situ* and the wound was closed, the patient making an uninterrupted recovery. An orchitis in the testicle on the affected side, however, resulted which remained for a week or two but was throughout painless.

The history of the case in relation to the question of virility is briefly as follows. Since childhood the patient had always enjoyed robust health and on admission was a strong, fully-developed, muscular man. Since puberty he had always been competent and had had full sexual vigour. He was married 16 years ago at the age of 18 years and had had five children, one of whom is now alive. He had never had any pain or inconvenience in the groin. The testicle which was seen and examined at the time of the operation was smaller than the normal size and soft and elastic on pressure. The penis was well developed. The scrotum was small and shrunken.

The question of procreative power and the capability of impregnation in this case appears undeniable and is in accordance with the statement made in Taylor's Manual of Jurisprudence (p. 674) that "it is satisfactorily established that cryptorchids are not necessarily sterile," and in support of this the author quotes several cases communicated to him and also reported by other writers. This view is opposed to that of Curling,¹ who states that "a male with this defect on both sides though often potent and efficient for sexual intercourse is incapable of impregnating the female." Also: "The facts which have been adduced as opposed to the conclusion that cryptorchids are sterile are chiefly instances in which they are reputed to have procreated children." From the clear history of this case and the straightforward statements of the patient, who had been seen by several local practitioners here, I do not think on this point there is any doubt whatever.

Durban, Natal.

A CASE OF EPISTAXIS DUE TO A LEECH.

By A. J. MANASSEH, M.R.C.S. ENG., L.R.C.P. LOND.

A YOUNG child was recently brought to me who was suffering from nasal hæmorrhage. His mother said that the bleeding, which was from one nostril, had been continuous, off and on, for three days. The blood was dark in colour and soon clotted. No blood appeared through the mouth. The child looked anæmic, but there was no indication of any constitutional cause for the hæmorrhage. Blood was seen to be blocking the right nasal opening, and on looking into the mouth the end of a leech was found hanging over the posterior wall of the pharynx and undoubtedly it was clinging to the posterior nares. The leech was at once detached and removed by the

forceps and the bleeding stopped immediately. Several cases of this kind have been noticed of late in this district, the leech being conveyed to the individual by drinking from springs. The above may be of interest to the readers of THE LANCET, especially those who work in a district where leeches are present in the water. I do not find that the leech is given as a cause of epistaxis in any of the text-books. It is also very common here to have patients suffering from hæmorrhage from the mouth, simulating hæmatemesis but caused by a leech in the throat, the blood coming either from the leech itself or from the injured mucous membrane of the pharynx.

Beyrout.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

TWO CASES OF UNILATERAL NASAL DIPHTHERIA.

(Under the care of Mr. C. J. SYMONDS.)

THE limitation of the diphtheritic process to one nostril is in itself a very striking feature in the two cases recorded below, and when once it has been admitted that a blood-stained non-membranous unilateral nasal discharge may be diphtheritic it is obvious that the diagnosis of such discharges can only be certain after a bacteriological examination. These cases are therefore of very great importance. In one respect they differ from most cases of nasal diphtheria and that is in the absence of any signs of severe constitutional disturbance from absorption of toxins, which is usually so striking a feature in diphtheria of the nasal passages. For the notes of the cases we are indebted to Mr. F. J. Steward, assistant to the throat department, Guy's Hospital.

CASE 1.—A boy, aged five years, was taken to the throat department at Guy's Hospital on July 28th, 1899. For 10 days he had had a blood-stained discharge from the right nostril. The boy was otherwise in perfectly good health and had not at any time seemed to be ill in himself. No history could be obtained of sore-throats in the family or in the same house. On examination the right nostril was seen to be blocked by a dried crust. On removing this slight bleeding occurred and a whitish-grey succulent-looking substance very like a mucous polypus could be seen. Portions of this were removed and proved to be œdematous membrane. The other side of the nose and the fauces were quite healthy. A blood-serum tube was inoculated from some of the membrane and after 24 hours' incubation a pure culture of Klebs-Löffler bacilli was obtained.

CASE 2.—A boy, aged seven years, was taken to the throat department at Guy's Hospital on August 11th, 1899, for repeated hæmorrhage from the left nostril of a week's duration. He was otherwise in perfect health and, as in Case 1, no history pointing to diphtheria could be obtained. On wiping away the dried blood from the left nostril slight bleeding occurred at once, but some white membrane could be seen in the nostril. This was of an opaque white appearance and not gelatinous as in Case 1. The other side of the nose and the fauces were healthy. A cultivation was made from the membrane, the result of which showed the presence of Klebs-Löffler bacilli.

Remarks by Mr. STEWARD.—The extreme importance of recognising the nature of such cases as the above from the point of view of spreading infection is, to my mind, a strong reason for publication. In the various text-books which I have consulted on the subject no mention is made of diphtheria confined to one side of the nose. As is well known diphtheria is not an uncommon cause of acute rhinitis attended with a blood-stained discharge and in many of these cases no membrane can be seen, being either out of sight at the posterior part of the nasal cavity or absent.

¹ "Sterility in the Male" in Quain's Dictionary of Medicine.

Although membrane was seen in both these cases it would seem probable from the above considerations that other cases of unilateral diphtheria occur in which no membrane would be visible. I have little doubt therefore that many such cases of unilateral nasal bleeding or blood-stained discharge have been passed over without the possibility of their being of a diphtheritic nature having been suspected. This is the more likely since there may be none of the usual general symptoms of diphtheria, for this is a special feature of some cases of nasal diphtheria and is exemplified in each of the above cases. I would strongly urge therefore the importance of bacteriological examination in all cases of acute rhinitis associated with a blood-stained discharge, whether general or limited to one nostril. In the latter case foreign bodies would of course be excluded by careful inspection. I have to thank Mr. Symonds for permission to publish these cases and Mr. W. C. C. Pakes for making the bacteriological examinations.

PROVINCIAL HOSPITAL, PORT ELIZABETH, CAPE COLONY.

A CASE IN WHICH LUMBRICIDS WERE A CAUSE OF
OBSTRUCTING THE SMALL INTESTINE; SEQUEL
TO A CASE OF ALLEGED POISONING;
NECROPSY.

(Under the care of Dr. DONALD M. MACRAE, late Resident
Superintendent.)

THAT intestinal obstruction is occasionally caused by a mass of round worms is well known and it is not unlikely that their presence in the following case contributed towards the fatal issue, but we are inclined to think that it is improbable that death was in any way directly due to intestinal obstruction, for the duration of the symptoms from the very commencement until death did not exceed 18 hours and vomiting was completely absent until emetics had been administered.

A boy, aged six and a half years, who was taken to the Provincial Hospital, Port Elizabeth, on Sept. 10th, 1898, was alleged to have been poisoned. On inquiry it was found that the ground for the suspicion and upon which the statement was made was that the child—who to all appearances had been perfectly well an hour previously—was taken home to the mother by his playfellows in a state of collapse, with an empty bottle of varnish or furniture polish in his hand the contents of which, they said, he had swallowed. He was semi-conscious on admission to the hospital, and when Dr. Donald MacRae saw him (fully three-quarters of an hour after the event) the ward nurse had him in a hot bath and he was recovering from a convulsive seizure. Dr. MacRae at once acted on the information given. An emetic was administered and afterwards the stomach was freely washed out with tepid water by means of the stomach tube. This was supplemented by the employment of measures directed against the causes of convulsions in general. An attempt was made to empty the bowels by large enemata of warm water but without much success. Functional activity seemed to be in complete abeyance. Chloral and bromide of potassium were injected by the rectum and finally a large dose of castor oil was introduced into the stomach through the rubber tube. This also failed to act. At 8.30 P.M.—that is four and a half hours after admission—the patient regained consciousness, sat up in bed, and asked for food. He, however, relapsed into a state of drowsiness and continued thus for the greater part of the night. He was only completely conscious once again when he sat up in bed and talked, and at 5.30 A.M. he had a violent convulsive seizure. This somewhat subsided on the administration of bromide of potassium and chloral. There was no actual fit after this up to the time of death, but twitchings of the face and hands were observed. At 8.15 A.M. the patient died with signs of obstructed respiration. During life there was no odour of the breath or corrosion about the lips, mouth, or tongue, and the pupils were, as after death, dilated. The washings of the stomach consisted of the water introduced admixed with mucus.

Necropsy.—At the post-mortem examination it was found

that the body was that of a boy, aged about six years, who had not been robust or well nourished. There were no discolourations about the neck, mouth, tongue, or body generally. On opening the abdomen the stomach and intestines appeared to be distended but were normal in colour. The stomach contained about an ounce of fluid matter consisting of oil and mucus. The mucous membrane presented no signs of acute irritation. There were a few minute patches of congestion, due, no doubt, to the vomiting and retching which occurred during life, and appearances also of slight catarrh. The organ was otherwise normal. The rectum was empty; the upper portion of the large intestine was distended and occupied by hard masses of inspissated fæces. The small intestine presented on its mucous membrane the appearances of ordinary catarrh. In its lower portion there was found a round worm 14 inches long and almost an inch in circumference. It was so coiled up and so disposed as to form an incomplete obstruction of the bowel. The obstruction was completed by the presence of two other round worms which lay parallel and occupied the open portion of the calibre of the gut. One was 12 inches long and three-quarters of an inch in circumference, and the other was six inches long. The right side of the heart was engorged. The right lung was dark and congested and the left lung was less markedly so. Both bronchi were free. The kidneys were both normal. The brain and membranes were congested.

Remarks by Dr. MACRAE.—The details of the above case may prove of some interest. To my mind it presents several remarkable features. From the history and particulars of the case—during life and after death—it will be seen: (1) that the symptoms exhibited by the patient when taken to the hospital were suggestive of, and compatible with, the cause of illness alleged by the parents; (2) that the real cause, as revealed by post-mortem examination, was an entirely different one and one the diagnosis of which must surely in most, if not in all, cases come from the pathologist rather than the physician; (3) that the symptoms observed during life are quite reconcilable with both the real cause—discovered after death—and that suspected or alleged when the patient was taken to the hospital for treatment; and (4) that the treatment adopted here affords an example of how, in employing and directing remedies and measures against a presumed or fictitious cause, one may happen to rationally combat the real one. Digestive disturbances, constipation, and worms are the most frequent causes of convulsions in children and young adults. Here the two latter causes existed without a doubt and one of them in the rare form described above. The evidence—post-mortem evidence—in all other directions was completely negative. The theory of poisoning was but the natural suggestion of a sudden and otherwise unaccountable illness and of maternal terror and suspicion.

BRISTOL GENERAL HOSPITAL.—The half-yearly general board meeting of the governors of this institution was held on Sept. 11th in the board-room, Mr. Procter Baker presiding. The chairman, in speaking of the financial position of the hospital at the end of June, said that subscriptions remained stationary. Donations, however, showed an increase of £2041 in excess of the corresponding period of last year, but then they had received two single sums of £1000 each. One of these sums had been given for a specific purpose—namely, a museum which was in course of construction. Legacies had decreased by £4000, but legacies were of course liable to great fluctuations. He was very glad to say that there was a very satisfactory feature in the income and that was an advance of some 20 per cent. in the collections made at places of worship. This increase was mainly due to the exertions of a committee and the actual increase in the sums collected was £117. Repairs had been a very expensive item, costing altogether £740. With regard to coming expenses the new museum would cost £350 over and above the £1000 given for this purpose. A new cage was wanted for the lift which would cost £100, and £500 was going to be spent on the theatre. The chairman referred to the fact that Bristol medical students could in future use both the infirmary and the General Hospital for study. After references to losses which the committee had sustained by death and resignation the chairman moved that the accounts should be audited and the report presented at the next half-yearly meeting. This was agreed to.