

it is not considered necessary to take the weights of recruits for the native army, though age, height and chest girth are recorded on the Medical History Sheets!

As regards use of the above table, a prisoner whose weight and height correspond to that in the table may fairly be considered to be admitted to jail in "good health."

MEDICO-LEGAL NOTES.

SCROTAL SURGERY IN MUFASAL VILLAGES.

BY C. BANKS, M.B., D.P.H.,
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(Concluded from page 107.)

Case 12.—Gopal Sahu, aged 35, Hindu, cultivator. Disease began seven years ago. Has one scar in left groin, 4 inches long, and two in right groin, each 2 inches long. Has one scar on right side of scrotum. Left side was tapped and injected with iodine by the Civil Hospital Assistant of Baliunta Dispensary one year ago; 64 ounces of fluid escaped. The right side was operated on by the *baidya* five years ago. Both sides alike. Scrotum loose and flabby. No fever, no elephantiasis, no enlargement of glands. Testicle not adherent.

The foregoing observations shew to what a large extent surgery is practised amongst the inhabitants of mofussil villages by *baidyas*, give an insight into the treatment usually adopted in scrotal enlargements and the measure of success which attend it. Most of the cases were primarily cases of hydrocele, either single or double, a few of which appear afterwards to have taken on elephantoid action. With these few exceptions, all that were inspected by me seemed to have been cured and it is interesting to observe that their treatment, although carried out in a very crude and unskilful manner, is very similar to our most modern ideas of how hydrocele should be treated, and appears to bring about the same action which we aim at, *viz.*, adhesion of opposite surfaces of the tunica vaginalis. They certainly have no anatomical knowledge. In the few cases, in which the testicle appears to have been injured and adhesion of the organ to the skin at the seat of injury had taken place, the quantity of fluid removed was small. The large quantity of fluid in the other cases appears to have preserved the testicle against injury. The position of the puncture made is always in the front of, and well up on the scrotum. The powder applied in the case on which after death I performed a *post-mortem* examination was shewn to be arsenic, and it is highly probable that in Dr. Zorab's case the powder used was of this nature also. If of no further interest, these observations seem at least to point to the urgent

necessity of restricting the sale of poisonous drugs if not the privileges of quacks.

A Mirror of Hospital Practice.

A CASE OF SWOLLEN TESTICLES AND INTERMITTENT FEVER.

BY C. SUTCLIFFE, Medical Officer, E. I. Ry., Jamalpur.

MR. R., aged 42 years, a strong healthy European, sent for me on the 27th December last, when I found him suffering from inflammation of the body of the right testicle with fever.

The testicle was enlarged, very tender, but not particularly painful. He attributed the disease to a crush between his legs in getting out of bed. Under Epsom salts and tartar emetic it was quite well in about a couple of days, but the fever instead of subsiding now assumed an intermittent (tertian) type.

This continued until the 5th January, about a week, when the other testicle became inflamed and went through an exactly similar course, except that the inflammation lasted longer. With the advent of the inflammation the fever again became remittent, but there was no more fever after it subsided. For the intermittent he was put on quin. sulph. gr. x *ter die*, and this was continued until the 12th when the dose was reduced to gr. v, and this he took until the 21st, and during the second inflammation was again given also the salts and tartar emetic mixture.

There was not the slightest trace of parastatitis or other glandular enlargement, nor has he ever had venereal disease.

At the same time two of the patient's sons suffered from severe intermittent fever.

I report the case to elicit information from any of your readers who may have had similar in their practice.

I can only consider it a manifestation of malarial poisoning just as we get neuralgia, &c., and if so it must be a most unusual one, as I cannot find the subject referred to in any of the books at my disposal, except in Neale's Medical Digest, from which I glean that the connection between malaria and acute orchitis must have been referred to on page 777 of the *Lancet* for 1888, but of this I have not a copy. I have on other occasions had cases of orchitis for which I could find no adequate cause, and now wonder if they could have been due to malaria.

P.S.—Since writing the above I have seen a young man 19 years of age who had first one and then the other testicle inflamed and in whom there was not a trace of venereal disease, nor was there any history of an accident.