TRANSPOSITION OF THE TESTICLES.

By Surgeon-Captain H. Smith, M.D.

A Pathan came to me with both his testicles fully exposed, the scrotum having absolutely sloughed off. The testicles were almost double the normal size, and they were dripping with pus. The upper end of the epidydimis and adjoining cord had become adherent to the surrounding tissues with inflammation. After producing anæsthesia I separated the adhesions, passed my finger forcibly along the cord on each side and swept it freely beneath the superficial fascia above the pubes and external to the middle line. I then pushed the testicles up to that region and prevented them from again coming down by a quill-suture on each side of the root of the penis. This done, there was not skin enough to cover up beneath the root of the penis, nor from its unhealthy condition was it advisable to do so. In three days the lower part of the spermatic canal had become adherent so that I removed the quill-sutures, the testicles remaining where they were placed. I then refreshed the edges of the skin and united as much as possible of it. Part of the region beneath the penis scarred over. After placing the testicles in their new position, slight inflammation followed. The organs are now healthy and moveable beneath the skin above the level of the pubes, where they are artificially placed by native wrestlers.

I think this a better operation than allowing the organs to cicatrize over in all conditions in which the scrotum sloughs, or is taken away in elephantiasis as they are put in a comparatively normal position, and are saved from the risk incident to cicatricial contraction—important if any form of inflammation follows at some later date. They are also put in a position not liable to future injury. The operation has the merit of being able to get the patient out of hospital in a few days.

FÆCAL IMPACTION CAUSING SCIATICA IN A PUERPERAL WOMAN.

By Ed. Chalke, M.D., C.M., *Berhampore.*

I was hastily summoned one morning to attend on a lady who was quite lame after her recent confinement. Her husband came to me in great distress of mind and expressed a vague insinuation that she had not been properly attended to during her accouchement by the diplomæd midwife she had engaged.

The history is as follows.—The patient was a middle-aged European female, just nine days over her first confinement, which was rather tedious. She stated that she had been feeling quite well up to two days ago when she noticed a dull pain and weight in the left iliac fossa accompanied with stiffness of the left leg which had till then been freely moveable and sound. The morning I was called in, when she was assisted for the first time out of her bed, she found she could not stretch the affected limb properly, the movement causing severe pain commencing from the back and running down the left buttock, posterior of the thigh, to the left knee, and as she stood on the sound (right) leg, she felt the weight in the left iliac fossa increasing. The affected leg she could not place on the ground but was able to rest her toes with difficulty and pain, and with the aid of two assistants she limped about with great inconvenience and pain, in a bent position which afforded her some relief.

From enquiry I ascertained that she was more or less suffering from constipation and had to take, three days before I was consulted, a dose of castor-oil, which, however, failed to operate, and subsequently had to resort to an enema, which did not freely move her bowels. In other respects she felt quite well. There was no rise in temperature, lochia natural.

I made a careful vaginal examination and found that there was no displacement of the womb, but at the upper and posterior wall of the vagina, I detected great fœcal impaction. I at once ordered an enema with castor-oil, to be repeated at an interval of three or four hours until the bowels moved freely. This simple treatment caused the disappearance of all the urgent symptoms she had complained of, and she was now able to move about the room quite easily.

Remarks.—The examination of the patient indicated the accumulation of hardened fæces at the upper third of the rectum, and judging from the anatomical position of the great sciatic nerve, which at this part of the canal lies posteriorly, I concluded that the accumulation, pressing upon the nerve, induced the apparently serious symptoms the patient was suffering from.

This case not only shows how simple causes may generate symptoms simulating grave maladies, but it teaches the practitioner not to form a hasty opinion, unguardedly, but to wait and see what assistance the course of events and the application of simple remedies may render.

Lastly, the case under review is of special interest in point of diagnosis, as a superficial examination may confound the ailment with hip joint disease in the slow insidious form which it sometimes takes, rheumatism, and displacement of the uterus backwards.

The lameness also in sciatica may lead to the idea of an incomplete reflex paraplegia occurring gradually with the patient. From all these