

A CASE OF RETRACTION OF BOTH TESTICLES.

UNDER THE CARE OF DR. A. WEST, SYDNEY.

REPORTED BY ALEX. F. BECK, GLASGOW.

THE following case of this rare affection was seen by me when on a visit to Sydney. The facts are so obvious and the condition so clear that it seems worth placing on record.

Charles Reid, 20, messenger, Sydney, N.S.W., about the middle of September, 1879, contracted gonorrhœa. Had no treatment except copaiva mixture. A fortnight afterwards he noticed that the left side of the scrotum had become somewhat flaccid and shrunken. On 14th October, while endeavouring to lift a bag of linseed, weighing 112 lbs., on to a cask, it slipped from his hands, and in the effort to keep it from falling he felt a strain in his back, and says he felt something give way. On examination he discovered that the left testicle had disappeared. Felt rather sick, but continued to go about, and two days afterwards he found that the right testicle had also disappeared. He thinks it must have gone about a day before he noticed it. Felt very weak and sick, and went to bed. Was then seen by Dr. A. A. West, who found total absence of both testicles, the scrotum being retracted and tense and smooth. Dr. West was at first doubtful whether the testicles had ever come down into scrotum, until positively assured that both had always been present. There was a large conical swelling in left iliac region, 3 inches diameter, very painful to the touch. Skin over it of natural colour, and giving dull note on percussion. Ice was applied, and patient kept perfectly quiet, and freely purged. The ice was kept on for six days, the swelling gradually diminishing, and the pain decreasing. The right testicle could be felt gradually descending into the scrotum. About 28th or 29th October it had fairly come down into the scrotum, and the sickness having left him, the patient resumed his usual work. Up to 9th January, 1880, the left testicle had not come down, the swelling in the left iliac region remaining about the same in diameter, though not quite so prominent, more flattened and fluctuating; and the dull note which it gave on percussion had gradually given place to a clear note. The finger could be easily introduced into left ring. There is great thickening of right cord, and scrotum greatly retracted though soft. The testicle slips away from under the finger when grasped. The patient says that it is occasionally drawn up into abdomen, and comes

down again without causing him any sickness or inconvenience. Has had slight aching in the loins ever since the accident. Has lost 8 or 9 lbs. in weight, and looks rather anæmic. The urethral discharge had only yielded to treatment about a week after getting out of bed.

REVIEWS.

Pharmacology and Therapeutics; or, Medicine Past and Present. The Goulstonian Lectures, delivered before the Royal College of Physicians in 1877. By T. LAUDER BRUNTON, M.D., F.R.C.P., F.R.S., Assistant Physician and Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital. London: Macmillan & Co. 1880.

THIS little book opens with a slight sketch of the history of medicine, the first four chapters being occupied with this inquiry, preparatory to the exposition of the methods of modern pharmacology, which the author attributes to Magendie and his pupils. We are glad to find in a work of a practical nature like this, that the importance of historical inquiries is thus recognised; for we believe that the experience of the past, and the history of the erroneous methods and doctrines long rampant in medicine, may be applied usefully in checking the tendency to similar errors now. Dr. Brunton points out the reason which we have for trusting our recent and present views as compared with the older ones, inasmuch as our present methods are founded on carefully observed facts checked by experimental inquiries: our interpretations of the facts may, indeed, be wrong, but with proper care in the experimental methods the facts themselves must always stand.

In a series of chapters dealing with the functions of Circulation, Respiration, and Digestion, the author shows how physiological knowledge, pharmacological investigations, and clinical diagnosis and experience must all be brought to bear on the successful treatment of disease.

In an earlier portion of the work he shows the methods by which the special actions of a drug are investigated; and amongst the illustrations the most interesting is supplied by his study of the Casca bark or Ordeal poison of Old Calabar. The author thinks that this may now prove to be a useful remedial agent.