

that nothing was necessary. In a few days' time the man returned and confided to the author that he was about to be married, that he had made up his mind that he could not have any children unless he possessed two testicles, and that he would not marry until the defect was made good. Under the circumstances, therefore, the author, after consultation with a colleague, agreed to attempt to bring the retained testis down. But this attempt had to be abandoned. Accordingly, the patient was informed of the result, and he immediately said, "Why can you not introduce an artificial testicle?" This suggestion was acted upon. A model of an ordinary-sized testicle was made in silver, and on an appointed day the patient was chloroformed, the tunica vaginalis opened, the silver testis introduced, and the wound afterwards closed. The patient in five days' time was out of bed; he returned to business, and has ever since worn the silver substitute for the absent organ. His marriage took place shortly after the operation, and he has become the joyful father of two children. All's well that ends well.—*Med. Press.*

TREATMENT OF AFFECTIONS OF THE HEART FOLLOWING INFLUENZA.—Dr. Ernest Sansom gives an account in *The Practitioner* of the nervous disturbances of the heart following influenza, and adds some practical points in treatment. For influenza itself, Dr. Sansom seems to rely chiefly on sulpho-carbolate of soda in half-dram doses, for what reason he does not tell. He adds to this, however, when needed, quinine and phenacetine for fever, and, in adynamia, five grains of musk.

The signs and symptoms referred to the heart resulting from influenza, in cases under the writer's observation were thus distributed: In one hundred cases: pain referred to the heart, twenty-three cases; the rapid heart (tachycardia), thirty-seven cases; the irregular heart (arrhythmia cordis), twenty-five cases; the slow heart (bradycardia), five cases; organic disease of the heart, ten cases.

In heart pain he gives a hypodermic of morphia with a diffusible stimulant, such as: Spiritus ætheris, 3 ss.; spiritus ammonia co., 3 ss.; tinct. aumbul, 3 ss.; aquæ camphoræ, 3 iss.; to be taken as a draught before the administration of morphia, and repeated an hour afterward. Once the severity of the pain is thus mitigated, other agents than morphia should be employed. Quinine in five-grain doses dissolved in hydrobromic acid is often very effectual. Local sedative and counter irritant applications may also be required.

Tachycardia after influenza is sometimes not noticed, and the pulse may not be much above 100. Some of the vaso-motor and eye symptoms of Graves' disease may be present. Dr. Sansom regards digitalis and strophanthus as not only

useless but dangerous, and he also avoids opium. He prescribes bromides with arsenic and symptomatic drugs for dyspeptic symptoms which are apt to be present. In many cases drugs are of no avail, and he advises that a mild galvanic current be given three times a day for six months! He states truly that patience is required. The irregular heart is usually associated with symptoms like those with tachycardia, and much the same treatment is indicated.

Bradycardia sometimes occurs, and may be severe and persistent. In one case the pulse fell to 19 per minute. Phenacetine and camphor with local warmth and counter-irritation are effective in mild cases. In the more obstinate tincture of belladonna may be given in ten-drop doses.—*Medical Record.*

PARALYSIS CONSECUTIVE TO A PSEUDO-MEMBRANOUS ANGINA RECOGNIZED AS NON-DIPHTHERITIC BY THE BACTERIOLOGICAL EXAMINATION.—Under the above title Bourges (*Archives Experimentelle de Pathologie*) describes a case with the clinical picture of diphtheritic paralysis, but in the throat of which no Klebs-Löffler bacilli were found. The case occurred in a boy of seven years, in whom appeared suddenly high fever, headache and pain in the throat. The next day the tonsils were gray and swollen, but no false membrane was present. Two days later the local signs had gone. Nine days from the first attack a second attack of malaise and fever occurred, with marked erythema on the neck, forearms and limbs, but not on the trunk; the throat was normal, and the eruption disappeared two days later without desquamation.

A week from the beginning of this second attack the patient was taken with headache, fever and sore-throat, and the next day a white, easily detachable false membrane was present over the tonsils; this remained until seventeen days later, when it had entirely gone, and the child was in fair health, though remaining pale and thin.

Sixteen days after the disappearance of the membrane the child became restless at night, and the next day complained of abdominal pain and headache; a little fever was present.

Two days later convergent strabismus developed, followed in forty-eight hours by usual intonation of the voice and regurgitation of liquid food.

The regurgitation disappeared in a short time, but three days after its appearance the child was unable to stand, though still able to move its limbs in bed.

The paralysis remained incomplete, sensation normal, knee-jerks absent. Cure was complete at the end of two months.

The bacteriological examination of the false membrane showed the only virulent organism