the case but escaped observation. With regard to subjective sensations, 17 cases alone complained of any pain in the testis and 6 complained of pain in the scar. In none could any cause for the pain be discovered. Considerable difficulty was experienced in this part of the inquiry, particularly with respect to objective pain on account of imperfect education or dullness of the individuals. The sensation of the testis was unaltered in 84 per cent., definitely increased in 9 per cent., diminished in 5 per cent., and altogether lost in 2 per cent. Twenty-six out of the 100 reported themselves as neither better nor worse for the operation. At first sight this is disappointing, but it must be remembered that many operated upon at the desire of the "services" had little or no varicocele, and were ignorant of their condition until refused by the examining officer. It cannot be expected that even surgery can render happier those who suffer nothing. Only 4 definitely stated that they were worse for the operation, and the rest—70 per cent.—were definitely improved and well satisfied.

In conclusion, it must be mentioned that the comparatively high percentage of complications has doubtless arisen from the operation being entrusted almost invariably to the less experienced. In this way too large an amount of the pampiniform plexus has been removed. An authority has stated that it is his practice to remove all the veins which are enlarged. We cannot but think that such a proceeding is to be discouraged and condemned.

*Summary of the Remote Effects of the Operation for
Varicocele.*

Testis harder ...	...	90 per cent.
Testis enlarged ...	...	55 "
Testis same size as gland of other side...	...	16 "
Testis smaller than gland of other side	...	21 "
Thickening of the scrotum...	...	50 "
Thickening of the tissues between the scrotum and the tunica vaginalis ...	...	41 "
Tense hydrocele ...	...	8 "
Flaccid hydrocele...	...	15 "
Spermatocele ...	...	2 "
Inguinal hernia ...	...	2 "
Recurrence of varicocele ...	...	2 "
Thickening of the vas deferens	...	+8 "
Sensibility of testis, unaltered	...	84 "
" " increased	...	9 "
" " decreased	...	5 "
" " lost	...	2 "

Patient's Opinion of the General Result.

Pleased and improved ...	...	70 per cent.
Unaltered (including many who never had any trouble) ...	...	26 "
Stated themselves to have more trouble	...	4 "

A CASE OF SECONDARY CARCINOMATOUS GROWTHS SIMULATING TUBERCULOUS HIP-JOINT DISEASE AND MILIARY TUBERCULOSIS.

BY

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HISTORY.

Miss K., a sparely-built woman, aged 50 years, with no family history of tuberculous or malignant disease, and with a family and personal history of dyspepsia and rheumatism, had her left breast removed by an extensive operation in April, 1903, for a growth of over a year's standing. She remained well until December of the same year, when after exposure to cold and wet she had a typical attack of lumbago. Rest in bed, and antirheumatic treatment were followed by almost complete disappearance of the pain, which left the back, and moved to the outer side of the left hip. It soon, however, recurred, becoming worse, and paroxysmal in character, and after June, 1904, she was completely bedridden. About this time the limb took up a position of flexion, adduction, and internal rotation, and the pain, which had now acquired the starting character of that of hip-joint disease, was greatly increased by all movements of the joint and by pressure on the groin, but not by pressure upwards along the shaft of the femur. No definite bony enlargement or real

shortening could be detected, and not more atrophy of muscles than could be accounted for by disuse.

At the end of October the total absence of loss of flesh and other signs of cachexia demanded a reconsideration of the diagnosis of secondary malignant disease, and in view of the long history of the case, the recurrence of rheumatic attacks in previous life, and the occurrence during her illness of pains which had yielded to anti-rheumatic treatment, it was decided to send her to Buxton, which was done on October 31st. Her condition then was as described above, with the addition that for a few nights her temperature had risen to 99°, and physical signs of slight general bronchial catarrh had appeared.

While being moved from bed to a carrying chair, before leaving her house in Colwyn Bay, she felt, and others heard, something give way in the hip; this was followed by excruciating pain. The following day at Buxton the trochanter was found to be displaced upwards, and the pain was extreme, and increased by all movement and by pressure upwards along the femur. After a few days' rest and galvanism the muscles became relaxed, and definite bony thickening around the trochanter could be felt. The temperature still remained 99° to 100° in the evening, and to the signs of general bronchitis were added bronchial breathing and crepitation at the right apex, and diminished air entry at the left base.

During the second and third weeks of her stay in Buxton there was marked general and local improvement, but at the end of this time signs of fluid appeared at the left base, and patches of bronchial breathing and râles became evident in both sides. The breathing became laboured on November 22nd, and was worse on the 23rd, though the percussion dullness extended only to the angle of the left scapula, and the heart was apparently not pushed over by the fluid. She rapidly became worse, and on the 25th, when seen by both of us, was obviously dying. The clinical picture then was one of acute miliary tuberculosis. There was extreme dyspnoea, both sides of the chest moved freely, and there were signs of fluid up to the angle of the left scapula; the heart was acting comparatively well, and its dullness did not pass to the right of the sternum; there were paralysis of the right orbicularis palpebrarum, and external squint of the same eye. She died during the night.

NECROPSY.

At the necropsy the lungs (especially the left) and the liver were studded with secondary nodules, the left pleural cavity contained about three pints of fluid and the right was obliterated by old adhesions. None of the other organs were obviously affected. The axilla was not opened, but no glands could be felt through the skin. The left hip showed two fractures of the head and neck, one of which had completely healed by bone and the other in places only by fibrous tissue. Both the bone and the articular cartilage were much eroded. The acetabulum also showed a vertical fracture extending into the pelvis, the edges of which overlapped and the adjacent articular cartilage was undermined. There was no attempt at repair of this fracture. The synovial membrane was not affected as far as could be seen by the naked eye, the joint contained no fluid and showed no overgrowth of any description, and no extra-articular changes were present either outside or inside the pelvis. Microscopical examination at Owens College, Manchester, proved the condition to be one of secondary carcinomatous growth.

REMARKS.

The total lack of loss of flesh and cachectic symptoms up to the last week of an illness due to malignant growths and lasting so long is most unusual, and seemed at one time to point away from malignancy or tubercle and towards a rheumatic arthritis, while the final symptoms inclined us to the diagnosis of tubercle.

A further fact pointing to a rheumatic condition was the very consistent relief to the pain given by the internal administration of aspirin and the external application of methyl salicylate. J. Ruhemann (*Deut. med. Woch.*, June 2nd, 1904, quoted in the *Medical Review*, November, 1904), however, strongly recommends aspirin for the relief of inoperable carcinoma, and his observation was certainly borne out by this case, and methyl salicylate has also recently been recommended for the same purpose, though we cannot now find the reference.