euchinin gr. xv once a day. On October 30th he returned to me to report that he had had no fever after the second dose. He said that he was taking a supply of euchinin back to Cayenne with him. He had some tinnitus, but not much.

CASE V.—November 8th, 1897. Rev. —, European, had tertian ague. He was ordered euchinin gr. xv once a day. The fever left after first dose, and did not return. He found it "stronger" than quinine, and said that half the dose was sufficient to keep away ague, while even that caused noises in the ears.

I have used euchinin in many other cases, but they are all similar to the above. To sum up:

1. Euchinin is as effective as quinine in malarial fever.
2. It causes cinchonism.
3. It is tasteless, therefore easily administered. This is its great advantage over quinine.

The readiest form of administering euchinin is the simple powder placed dry on the tongue and washed down by a little water. As it is very bulky, some patients prefer it in cachets; but all solutions of euchinin that I have seen are decidedly bitter, presenting no advantage whatever over quinine.

I do not consider cinchonism such a fatal objection as the intensely bitter taste of quinine. My experience of malarial fevers is that quinine and the malarial poison being antidotes to one another, cinchonism is the sign that a sufficient quantity of quinine has been taken to overcome its antagonist the malarial poison, as mercurialism is the sign that the syphilitic poison is under control.

If euchinin can be proved to be even nearly as effectual as quinine, its tastelessness alone should recommend it to many as a substitute, notwithstanding that it is not altogether free from some of the other objections to quinine.

REMARKS ON A CASE OF HORSESHOE KIDNEY SIMULATING MALIGNANT DISEASE OF THE ABDOMEN.

By THOMAS OLIVER, M.A., M.D., F.R.C.P.,
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THE following case is reported with the view of directing attention to the simulation of malignant disease by an abnormal kidney, and of the need for physicians and surgeons giving consideration to the possibility of the existence of such an abnormality before undertaking an exploration of the abdominal cavity. In most cases it must be that the existence of a horseshoe kidney is diagnosed only after the abdomen is opened. It was so in my own patient in whom there were no physical signs that strongly suggested such an abnormality.

Wm. K., aged 51 years, a coal miner, was admitted into the Royal Infirmary, Newcastle-upon-Tyne, complaining of headache and loss of appetite of seven years' duration, and of pain over the region of the stomach and down the spine of two months' duration. There is nothing in the family history that calls for comment. He has been married thirty-one years, is the father of eleven children, one of whom died in infancy. His wife has had two miscarriages. He has had a good home and plenty of food: he has been a teetotaler for the last eighteen years. As he has suffered much from indigestion he has been extremely careful in regard to his diet, particularly within the last twelve months, taking principally rice, fish, milk, and fresh eggs, etc. At the age of 24 years he had pneumonia; seven years ago he had influenza, and for the last ten years he has been more or less a dyspeptic.

Two months ago, while hewing coal in the pit and working in a bent position, he was seized with pains in the region of the umbilicus. It was so severe that he felt faint and was obliged to lie down for a little. He could work no more that day on account of pain, which by degrees gradually subsided. Afterwards he only felt the pain after eating, and although it often made him feel sick it only caused him to vomit once about a month ago.

He is on the whole a well-nourished man, but he states that within the last few weeks he has lost flesh considerably. Myxedema is well marked. He has the jaded look and mental depression so frequently observed in old dyspeptic subjects. His tongue is dirty brown and coated. Chest: Heart and lungs are healthy. Abdomen: On inspection very distinct pulsation can be observed over a circumscribed area of 2 ins in diameter just above the umbilicus. A hard rounded mass with smooth borders can be felt, through which apparently the pulsation of the aorta is being transmitted. The tumour lies rather to the right than to the left of the aorta, and is felt to move up and down with respiration. It is painful on deep pressure, but is not attended by any sickening sensation when handled nor by a feeling of faintness. As the patient lies on his back a soft blowing systolic murmur can be heard through the stethoscope placed a little above rather than either over the tumour or below it. On placing him in a sitting posture the pulsation can hardly be detected and no *bruit* is thus heard. Turned on his face there is no longer pulsation felt when the hand is placed in the umbilical region until it is plunged deeply in, and even then it is not very distinct. On auscultating the spine no *bruit* is heard nor is pain elicited on percussing the spinal column. The legs are well developed; the knee-joints are normal. The bowels are

regular and there is no trouble with the bladder. The urine is acid Specific gravity 1028, no albumen, no sugar.

A diagnosis was never really made. Taking into consideration the history of the case, the long continued dyspepsia, recent pain, the presence of a circumscribed solid tumour in the abdomen almost in the middle line and movable during respiration, the age of the patient and his emaciation, and the fact that the physical examination excluded aneurysm, it is only right to say that the probability of malignant disease suggested itself, although there was nothing that helped us to locate the tumour in any particular organ in the abdomen. It was a case in which there was a large element of doubt in the diagnosis, and as it was evident that medicine could do nothing but palliate, and as the patient on account of pain was unable to follow his employment, he himself pressed for an abdominal exploration so that his mind might be placed at rest. My surgical colleague agreeing with me that the operation would at any rate enable us to make a complete diagnosis, Mr. Williamson on July 27th, 1897, opened the abdomen by an incision 6 ins. in length slightly to the right of the middle line. After examining the contents of the cavity the tumour was found to be a horseshoe-shaped kidney, the central part of the arch of which was lying upon the aorta. The abdominal incision was at once stitched up and in ten days thereafter the patient was practically well again and has remained so since, having lost all his pain and other unpleasant symptoms.

The question naturally arises, Was the operation justifiable? The end justifies the means, and as the end obtained was the cure of the patient, mental and physical, quite apart from the making of a diagnosis, I have no hesitation in answering the question in the affirmative. It is more than likely that strain at work loosened the attachments of the kidney, and by pulling upon delicate nerves caused the severe pain and feeling of faintness. Probably it was in consequence of this strain that the arch of the fused kidneys became movable. The range of movement was extremely limited, up and down during respiration only, and in extent nothing like what is observed in ordinary floating kidney, which has frequently been mistaken for a tumour of the omentum or mesentery. The possibility of a horseshoe kidney misleading the physician in his diagnosis is thus alluded to by Mr. Henry Morris in *Surgical Diseases of the Kidney*, p. 104: "It might easily happen that a horseshoe kidney or two kidneys more or less completely fused and situated in the median line of the abdomen or in some part or other of the pelvis might give rise to the opinion that a morbid growth existed." It was rather a morbid growth than an abnormal organ which the physical signs and symptoms presented in my patient, and as one horseshoe kidney is met with in every 1,600 *post-mortem* examinations, the value of my remarks will be enhanced if they direct attention to the necessity of giving some consideration to the possibility of fused kidneys in the diagnosis of obscure tumours of the abdomen.

SYMMETRICAL PARTIAL DETACHMENT OF FINGER NAILS FROM THEIR MATRICES.

By J. STANLEY KELLETT SMITH, F.R.C.S.ENG.

THE accompanying photograph (p. 553) illustrates a curious condition of symmetrical partial detachment of the finger nails from their matrices.

The patient, a young married woman, aged 30, states that about a year ago, without any apparent cause, the skin beneath the free edges of the affected nails began to peel away in whitish shreds. This continued for three to four months, at the end of which period the excavations beneath the nails had reached their present limits.

The fingers attacked are the index, middle, and little fingers in each hand. The nails themselves are lustrous and healthy looking, growing with an even free edge, and presenting no scaly, fibrillar, or opaque appearance. Over the area of separation, into which a probe can easily be passed, the matrix looks glazed, and is cicatricial to the touch. So marked is the symmetry of the condition that not only are the corresponding nails in the two hands affected, but the

Symmetrical partial detachment of nails from matrices.

extent of detachment of each nail is closely imitated by that of its fellow.

The cause of the lesion is quite obscure. The patient is, and always has been, a healthy woman with a good personal and family history. She has not been pregnant. She has never suffered from syphilis, congenital or acquired, and has taken no mercury. There is no account of any symmetrical vasomotor disturbance suggestive of Raynaud's disease.

A FORM OF NEURALGIA OCCURRING IN CYCLISTS.

By W. H. BROWN, F.R.C.S.I.,
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DURING the last few months I have been called upon to deal with a number of cases of neuralgia occurring in persons addicted to the use of the bicycle; and in view of the largely increasing population who pass a by no means small portion of their lives astride of one of the so-called safety machines, it occurred to me that it might be worth while to direct attention to instances of ailments—in some cases severe ailments—caused by this popular means of locomotion.

In July last I was consulted by a young man who complained of sickening pain in both testicles. Upon examining the skin of the scrotum it was found to be unusually sensitive, and the testicles themselves, together with the perineum, were extremely tender. All the symptoms had come on after a long ride, during which he had attempted to break records of high speed. This patient had ridden at intervals for some years, but had only lately attempted the higher flights, or rather more rapid rides of the cyclist which are now in vogue.

I should not have attached much importance to the case had it not been followed in quick succession by others of a like nature. As the symptoms in each instance had a general resemblance, it dawned upon me that I was face to face with a new disorder, which for want of a better name I at the time dubbed cyclist's neurosis, and began to note more closely the conditions under which it arose. A fresh instance in the person of a "champion" wheelman—a man who has won many races and broken many records—gave me the opportunity. His complaints were of scrotal and testicular pain, as in the other cases; in addition the skin on the inner side of both thighs was so sensitive that he could hardly bear his clothes to rest upon them. This man had a day before performed a

feat which had called for prolonged riding at a high speed. He, at my request, showed me his attitude whilst racing. Beneath the skin of the perineum were slight extravasations of blood as evidence of signs of pressure.

A man, aged 40, next claimed my attention, and his complaint was that, after a couple of hours' ordinary riding, the penis became insensitive, and he could pinch the skin hard and feel no pain, whilst the glans had lost its normal sensation. He had once suffered from retention of urine after a prolonged journey. The anaesthesia in this case passed off three or four hours after the saddle was quitted, but returned again several times, and on the last occasion he sought advice.

These cases—eight or nine in number—are, I think, sufficient to show that there is an injurious pressure brought to bear upon the nerves of the perineum by cycling under certain conditions. Whilst thousands ride immune, a small percentage will suffer in the way I have related, and a preventive is called for.

That the pain thus caused is no trivial discomfort is proved by the fact that one of my patients was laid up for over a month, part of that time in bed and hardly able to move. This, of course, may be said to be exceptional, and I should not like to think otherwise, but I can quite understand how such a condition might become permanent or relapsing as in other well-known forms of neuralgia.

So far I have spoken only of the sufferings occurring in men, but I have also had to deal with lesions arising in the female votaries of the wheel. Some three or four ladies have complained of pain at the anus and the skin round about. In one instance defaecation caused great distress, although there was nothing visible in the way of piles or fissure to account for such suffering.

The cause of the complaint in all the cases I have mentioned being obvious, the treatment consisted in its removal, and when necessary the application of local sedatives to the affected area; in two cases when the pain was excessive opium was needed. All ultimately recovered, and most of them have again resumed their favorite occupation, but under improved conditions, that is, altered saddles. I do not advocate the claims of any patented saddle; I say only that if a saddle causes neuralgia it is a bad one, and from what I have seen a well-fitting saddle is as difficult to get as a well-fitting boot. I have no doubt that there are many who have ridden for years and escaped, so far, from the annoyance—to use no stronger word—that I have described, but since I have made inquiries amongst my friends I find that many could add a case or two of this painful affection.