a large walnut was found occupying the lower half of the right side of the pons Varolii. It had pushed aside the cerebellum, thinning out the flocculus almost to a line. The right side of the medulla was indented by pressure. The sixth and seventh nerves were involved in the tumour, and could not be traced. Microscopic examination showed the tumour to be a myxosarcoma.

After the development of crossed paralysis the diagnosis of tumour and its localisation in the pons were easy. But the decision as to opening the mastoid cells, or trephining and searching for an abscess of the brain, had to be made at an earlier stage, when the diagnosis was more difficult.

YAWS IN THE SOUTH SEA ISLANDS.

By STAFF-SURGEON V. GUNSON THORPE, R.N.

FOR nearly a century the existence of yaws in the islands of the South Pacific Ocean has been known. William Mariner in 1807¹ when a prisoner for four years in the hands of the

natives of the Tonga Islands, made some accurate observations on the disease, and afterwards described it by its native name of *tona*; and it was then recognised as being identical

with African yaws, to which continent the disease at that time was supposed to be entirely confined. Surgeon H. B. Guppy, R.N.,² mentions it as existing in the northern portion of the Solomon Islands, and I have myself seen children suffering from it in the southern islands of the group.

All actual observers seem to concur in recognising yaws as being distinct from syphilis, and agree that children are chiefly affected, the mother looking upon it as a necessary evil, which the child has to go through, or even as actually beneficial to its health. It is probable that the disease is due to a micro-organism which has its existence in the soil, especially as those parts of the body which frequently come in contact with the ground, as the feet, legs, and perineal regions, are, as a rule, primarily affected.

In Fiji, yaws is known by the name of *coko*, and it is prevalent not only amongst the natives themselves, but also amongst the Indian coolies employed upon the sugar plantations. When H.M.S. *Penguin* visited the islands in August, 1895, through the courtesy of the Hon. B. Glanville Corney, principal medical officer, I was able to secure the photograph, which is here reproduced, of an Indian boy, about 12 years old, who was under treatment for the disease in the hospital at Suva, and who showed the characteristic eruption in a marked manner. It will be seen that the disease is in its second stage, and consists of raised tubercles, irregularly oval in form, with a raw ulcerated surface, a third of an inch or more in diameter, generally grouped together and tending to coalesce, though here and there single "yaws" can be seen. The eruption affected the face, the right eyebrow, the eyelids, lips and corners of the mouth, the arms and legs, front of the thighs and knees, and the scrotum and genital regions. As is usually the case, the trunk is unaffected. The lymphatic glands in both femoral regions, but especially the left, are seen to be enlarged.

REFERENCES.

¹ *An Account of the Natives of the Tonga Islands*, by William Mariner, and John Martin, M.D., 1817. ² *The Solomon Islands and their Natives*, by H. B. Guppy, M.B., R.N., 1887.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

TUBERCULOUS TESTES FOLLOWING AN ATTACK OF MEASLES: DOUBLE CASTRATION: RECOVERY.

ON December 20th, 1896, W. T., a young unmarried labourer, aged 26, first consulted me as to his health. He then complained of general *malaise*, for which I could find no special cause, and which was but little relieved by tonic treatment. At the end of a week he became unfit for work and remained indoors. I then found him presenting all the symptoms of an influenzal cold, and I thereupon took measures to reduce his high temperature and relieve his aches and pains, and in this effort I was successful; but two days later I found he had developed an unmistakable measles rash, which, taken in conjunction with his suffused eyes, bronchial catarrh, and tonsillitis, enabled me at once to pronounce definitely on the exact nature of his ailment. In the course of a few days no trace remained of the above symptoms, but the original debility had distinctly increased. His convalescence was slow, but he was fit to resume work at the end of the following January.

He, however, had not been at work many days when he contracted a chill, which was followed by pericarditis, with many muscular aches and pains. With this illness he was bedfast for many weeks, as, although the minor symptoms of the rheumatic fever yielded readily to antirheumatic treatment, his pericardial affection was obstinate. His convalescence from this rheumatic attack was slow, and one day he drew my attention to a swelling and hardening of one of his testicles. I found the upper fourth of the right testicle distinctly indurated and swollen; the remaining three-fourths of the testicle, the epididymis, and cord on the same side were quite normal to palpation. On the left side there was an indurated and swollen condition of the