above cases post-anaesthetic vomiting was entirely absent, and fluids were given and retained immediately the operation was completed. The body nutrition therefore recommenced at the earliest possible moment.

The chief difference between these two cases was that in one the abdomen was opened, whilst in the other it was not. It is suggested that the shock consequent upon opening the abdomen may be considerably reduced by employing the above methods, and the prognosis, therefore, proportionately improved.

REFERENCES.

- ¹ Rowlands and Turner, *Operations of Surgery*, 1915, vol. ii, p. 346.
² Moynihan, *Abdominal Operations*, vol. ii, p. 126.

COMPLETE HEART-BLOCK IN A CASE OF DIPHTHERIA.

BY

R. CLAYTON ALLEN, M.R.C.S., L.R.C.P., D.P.H.

THIS case, admitted under my care in the Belper Isolation Hospital, was apparently doing quite well, until the seventh day of disease, when heart-block suddenly developed.

The notes are as follows:

M. L., a girl aged 17 years, was admitted to the hospital on September 1st, 1920. She was taken ill on August 29th with a feeling of malaise and a sore throat, and the following day was seen by her doctor, who administered 4,000 units of antitoxin, followed by a further 2,000 on the following day. On admission to hospital the tonsils and uvula were seen to be covered with membrane, and the neck was much swollen. Temperature 102.6°, respirations 28, pulse 120; slight difficulty in swallowing and face very flushed; heart regular and no cardiac dilatation. Brandy $\frac{1}{2}$ oz. was given four-hourly; the throat was swabbed and sprayed two-hourly, and hot fomentations applied to the neck. Patient rapidly improved, and on the morning of September 3rd was very comfortable. Temperature 99°, respirations 20, pulse 96, when brandy was stopped; the improvement continued until 5 p.m. the following day, when the patient suddenly had a "convulsion"; marked cyanosis, and pulse became imperceptible; temperature subnormal. Brandy $\frac{1}{2}$ oz. was given and oxygen administered.

I saw the patient about 5.30 p.m., when she was breathing quietly; respirations 26, slight cyanosis; pulse 26, temperature 96.6°. There was no cardiac dilatation, and on auscultation the ventricle could be heard beating 26 per minute, whilst over the auricles could be heard muffled sounds—52 per minute. Lig. strych. miv was ordered four-hourly, and brandy $\frac{1}{2}$ oz. four-hourly; oxygen to be administered five minutes every quarter of an hour, and a mustard plaster placed over cardiac region. I saw the patient again at 8.30 p.m., when she seemed quite comfortable; still cyanosed, and the heart in the same condition as before. I saw her again at 11 p.m. in consultation with Dr. Barber of Derby.

About 1 a.m. on September 5th she had another slight convulsion, after which the patient slept until 7 a.m., when the pulse was 56, temperature 97°, respirations 18. At 10 a.m. she had a further convulsion and became more cyanosed; temperature 97°, pulse 22, respirations 18. The oxygen was still continued, and 1 c.c.m. of pituitrin was administered subcutaneously.

During the day the patient did not improve, took nourishment badly, and had incontinence of urine. A further cubic centimetre of pituitrin given at 2 p.m. The patient remained listless until 8.45 a.m. September 6th, when she vomited; this was followed by a convulsion. Temperature 96.8°, respirations 16; pulse imperceptible, but the ventricle could be heard 22 per minute, and the patient complained of acute pain over the cardiac region. Death took place at 11.20 a.m. The urine showed a marked cloud of albumin the whole time the patient was in hospital.

Note by DR. HUGH BARBER.

Myocardial poisoning is a common event in diphtheria, and may be accepted without doubt as the cause of death in this case, but from the clinical point of view it was an unusual form of heart failure.

When seen by both of us together there was little distress, the radial pulse was strong and regular, 26 beats to the minute; the heart was not dilated, the cardiac impulse was vigorous, rate 26, with clear normal sounds. Over the base of the heart muffled sounds could be heard suggesting auricular beats twice as rapid as the ventricular. It was not possible to take a jugular tracing to prove the diagnosis, but complete heart-block due to poisoning of the auriculo-ventricular bundle may, we think, be taken for granted. The case presented unusual difficulties both in treatment and prognosis.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TORSION OF THE TESTIS IN AN INFANT.

THE infant was born on February 13th, 1920, and on the 18th the nurse noticed some swelling of the right side of the scrotum. This swelling increased, and on February 21st I saw the infant, with Dr. L. Gifford Nash of Turvey, Beds. There was no pain, and the baby seemed quite well, and was taking his food. The right side of the scrotum was swollen, the skin was blue, and the superficial veins dilated. The skin was adherent to the testis, which was much swollen and tender. The cord was thickened as high as the external ring, where there appeared to be a small nodule or swelling. I diagnosed a torsion of the testis and cord, and advised operation, which was performed on February 22nd.

An incision was made into the inflamed tissues of the scrotum, the separate layers of which were indistinguishable, until the cavity of the tunica vaginalis was reached and a thick yellow fluid gushed out. The testicle, purple in colour, appeared lying at the bottom of the tunica vaginalis. The cord was tied high up in the scrotum and the testis removed. No definite torsion of the cord was seen, but it was not exposed as high as the external abdominal ring. The infant made a good recovery.

The specimen removed was sent to Mr. S. G. Shattock, at the Royal College of Surgeons, who reported: "There is intense congestion of the tunica vaginalis and tunica albuginea. On dividing the testis there are seen superficial extravasations in its substance. I think that your first impression—namely, that the condition was caused by torsion—is correct."

Since I first reported a case of torsion of the testis (BRITISH MEDICAL JOURNAL, 1891, vol. i, p. 1226) many cases have been reported. A few cases have been recorded in infants. The earliest on record is that reported by Taylor (BRITISH MEDICAL JOURNAL, 1897, vol. i, p. 458), which was operated on at the age of two days. Rigby and Howard (*Lancet*, May 25th, 1907) reported one at seven months. Edington (*Lancet*, June 25th, 1904) also reported one at seven months. Dowden (*Scottish Med. and Surg. Journ.*, September, 1901) reported cases at five and fourteen months. Including the present case six have been recorded within fourteen months, which appears to be an unusual proportion. These cases show the liability of torsion occurring in infants, and that it is probably the only cause of acute inflammatory swelling in the scrotum in early life.

Bedford.

W. GIFFORD NASH, F.R.C.S.

TREATMENT OF LOCAL LEISHMANIASIS.

WITH regard to recent discussions on the best local treatment for local leishmaniasis (Delhi sores, Baghdad boils), I should like to mention the treatment suggested by Surgeon-General Patterson, when Principal Medical Officer of the Aldershot District, to me, when I was in charge of the surgical wards of the Cambridge Hospital, Aldershot. A soldier had recently returned from India suffering from an intractable form of Delhi sore on the left wrist, which I had treated by scraping away the granulation tissue, followed by applications of solid silver nitrate, but with little progress as to healing. The treatment recommended to me was to scrape and clean the sore again thoroughly, and lightly apply solid caustic potash and dress. After one application the granulation tissue came away, and the sore healed as a clean healthy ulcer, and there was no return, either local or general. I gather that our present treatments are not satisfactory. I therefore put forward this method for trial by specialists and others.

E. J. ERSKINE RISK, Col. A.M.S.(ret.),
 Ex-Commandant, R.A.M.C. College.

London.

IN Java 358 cases of plague occurred last December, all of which were fatal.

PROFESSOR J. LÉPINE has been elected Dean of the Lyons Faculty of Medicine in succession to Dr. Hugouenq.

DR. PIERRE BAZY has been elected member of the Section of Medicine and Surgery of the Académie des Sciences in place of the late Professor Guyon.