Her eyelids twitched and she did not want to talk or to be questioned. On March 2nd she was found delirious and very restless while her temperature was 105.4° F. At 4:20 p. m. the temperature was 107.4° (all temperatures are per rectum); while the respiration rate was 54. The temperature fell slowly through the night to 104° at 5:00 a. m. At this hour the pulse and respiration rate could not be taken and are marked "?".

The temperature was never again as low as 104°. At 8:45 next morning (March 3rd) the temperature was 105.4°, exactly the same as twenty-four hours previously. The heart sounds were now poor and endocarditis had been suspected nearly a day previously. The stage of excitement had now passed into stupor sometimes interrupted by delirium. She had a meningitis but as she was not under my care I cannot state whether the Trousseau taches cérébrales were present. During the following night the nurse reported that she could not get the pulse at any time. During the 3rd and 4th the temperature stood at various figures between 104.6° and 105.8°. On the morning of March 5th she was again restless at frequent intervals. At 11:15 the temperature was 106.3°; pulse ?; resp., 68; at noon was much weaker. At 1:00 p. m., temperature, 107° P. ?; resp., 54, and in five minutes she died.

The foregoing might be considered as remarkable enough but there is more yet of the history. A postmortem examination was held which revealed a granular meningitis, a fresh pleurisy upon the right side, old vegetations upon the mitral and tricuspid valves with a relapse of endocarditis; and the left lung reduced to a small, formless mass through fibroid phthisis. The meningitis was probably tuberculous in character.

The kidneys appeared to be normal.

In such literature as is accessible to me I have found only one reference to meningitis as a complication of varicella. It is by Dr. W. F. Waugh (in the text-book of Alkaloidal Practice, p. 145) and reads: "The writer lost a child from meningitis suddenly developing during an attack of varicella." It was the meningitis which killed in the case here reported and not the slight endocarditis or the beginning pleurisy.

Here then in one individual were united these varied pathologic conditions; namely, epilepsy, chorea, hypertropic astigmatism, fibroid phthisis, pleurisy (with just beginning effusion) chronic endocarditis with vegetations and a beginning acute stage, varicella and acute granular meningitis. This is surely a remarkable combination if not quite a unique one.

The practical lesson to be learned from the history here narrated is to be on the watch for heart and meningeal complications in even seemingly simple cases of varicella.

REMOVAL OF THE TESTICLE—A CRITICISM BY DR. MARK EMERSON.

To the Editor of the State Journal: In the case of a congenital inguinal hernia in a child four years old, reported in the March number of the State Journal, page 110, by Thomas Garfield Dodds, M. D., the writer states that this case was complicated by an appendix and an undescended testicle in the hernial sac.

Allow me to quote a few lines of his article under operative technique:

"Undescended testicle found in sac just above appendix; impossible to draw testicle down into scrotum. Testicle about one-third size of left testicle. Removal of testicle. Typical Bassini operation completed on right side."

This is the second instance that I know of in which the testicle has been removed in the course of an operation for inguinal hernia, and it is on this particular point that I raise my objection.

None of the best surgical authorities recommend the removal of the undescended testicle.

As a last resort it may be placed within the abdomen and even that is seldom necessary, since the introduction of the Bevan operation for loosening up the Vas Deferens within the abdomen, partially dissecting the testicle from the cord until only the Vas is left attached to the epididymus.

These small testicles generally regain their normal size when liberated from the inguinal canal and placed in the normal position.

This individual cannot join the army or navy. It also has a bearing on life insurance as well as marriage.

Treves calls our attention to the strong physical effect on the individual.

The legal aspect of removal of a testicle in a child would prevent me from ever putting a case into public print.

The small size of this testicle was not due to atrophy or disease, it was simply undeveloped.

Its parenchyma normal and capable of secretion and this internal secretion certainly has something to do with the characteristics peculiar to the male.

The typical Bassini operation referred to, means to dislocate the cord to the upper part of the wound, bring it out above the coaptation of the internal oblique and conjoined tendon, to the shelving portion of Poupart's ligament. Owing to the length of cord necessary by this technique, it is the one operation that should not be done for undescended testicle.

If the testicle is removed because of the shortness of the cord how could one transplant that which does not exist?

How, then, could a "typical Bassini" operation be done in this case?

Besides the gain in length of the cord attained by the Bevan operation, the cord itself is capable of considerable distensibility.

If the cord is not disturbed but allowed to come out of the lowest part of the wound, considerable length would thereby be gained in the Vas Deferens.

It is possible that there are other complications in the case not mentioned in the article and I believe that the writer is broad-minded enough to know that I have no personal prejudice in writing this criticism. Yours respectfully,

DR. MARK LEWIS EMERSON.

PROCEEDINGS OF THE SAN FRANCISCO COUNTY MEDICAL SOCIETY.

Regular Meeting Tuesday, May 9, 1911.

Program by the Alameda County Medical Association.

1—Rabies in California. W. A. Sawyer. Discussed by Drs. Wellman, Ophuls, Tait, Sawyer.

2—Salvarsan Treatment of Leprosy. Thos. J. Clark. Discussed by Drs. Oliver, Schmitt, Mead, Clark, Wellman.

3—Chronic Inflammations of the Prostate. Daniel Crosby. Discussed by Drs. Emerson and Krotoszyner.

4—Genesis of Incipient Tuberculosis. Edward Von Adelung. Discussed by Dr. Voorsanger. (This paper will appear in the Interstate Medical Journal.)

5—Auto Accidents from Detachable Rims. Mark Lewis Emerson.

Section on Surgery, Tuesday, May 16, 1911.

1—Presentation of a case. T. W. Huntington.

2—Presentation of a Case. H. C. McClenahan. Discussed by Dr. Hyman.

3—Demonstration of Application of Plaster Jacket for Curvature of Spine. James T. Watkins.

4—Present Method of Conservative Treatment of Tubercular Joints in Use at Children's Hospital. Geo. J. McChesney. Discussed by Drs. Smith, Crane, Hunkin, Sherman, McChesney.

Eye, Ear, Nose and Throat Section, Tuesday, May 23, 1911.

1—Report on Italian Eye Literature. E. C. Sewall.