

by the admitted possibility of malaria inducing nervous symptoms, the certainty that these symptoms are invariably periodic, the history of exposure to the poison, the existence of the tendency to ague before, during, and after the attack, the presence of malarial fever, the presence of malarial cachexia, the presence of malarial plegia, and, above all, by the remarkable and speedy improvement which followed the administration of quinine. I quite admit that this view is one which cannot be held to be absolutely demonstrated, but I am unable to suggest any better explanation of the case.

(To be continued.)

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ARTICLE VIII.—*Paraffin Epithelioma of the Scrotum.* By JOSEPH BELL, F.R.S.E., Surgeon to the Royal Infirmary.

(Read before the Medico-Chirurgical Society of Edinburgh, 1st March.)

AT the last meeting of this Society we were favoured with a most interesting paper comparing and contrasting diseases of vast range and importance. These few notes I am now to read are in curious contrast, as describing a purely local surgical lesion due to a special cause, which seems to be taking the place in our nosology lately vacated by another local lesion, the cause of which has been nearly entirely eradicated.

The name, "chimneysweep's cancer," is an admissible one, from its long associations and long usage. "Scrotal soot cancer," though it is only a theory, has never been so much adopted. By these names, however, we describe a disease of the nature of epithelioma, attacking as it does a local disease, the scrotum, yet, if left, apt, by infecting the lymphatics, to become a general disease, though, at its outset, it is merely a local irritation. *Local*, because its seat of origin is the scrotum, and because of the difficulty of cleansing the scrotum, and the numerous and mobile scrotal glands.

...eady been cut several times. The glands were  
 ...a general health is good. I excised the whole mass  
 ... It bled profusely, but made a rapid recovery, and he  
 ...cured 27th April 1874.

...s arms were covered with an eczematous eruption.

CASE II.—James Marshall, æt. 34, admitted to Royal Infirmary, 20th October 1875, suffering with epithelioma of scrotum.

*History of the Disease and its Duration.*—Two years ago, patient, who is a worker in paraffin, first noticed a small pimple on scrotum, which, by constant scratching with unwashed hands, grew gradually larger, until the present tumour resulted. There is a thin discharge from the tumour, and it measures about three inches in diameter. It is adherent to the skin, and, as was subsequently found upon operation, it was also adherent to the right tunica vaginalis.

The operation was performed on 23d. The tumour upon removal was as large as a small apple, was adherent to right tunica vaginalis, a small portion of which was cut away, and the wound stitched with carbolized silk cut short. There was the usual amount of bleeding. The glands in both groins were much enlarged, but not very hard.

*Progress of the Case.*

	Temperature.		Pulse.		
	M.	E.	M.	E.	
Oct. 20.	—	... 99°	—	... 85	—
„ 21.	99°	... 99°	95	... 105	—
„ 22.	98·5	... 99·2	120	... —	—
„ 23.	99°	... 98·6	110	... 95	Operation.
„ 24.	98·6	... 98·7	—	... 102	„ Sle
„ 25.	98°	... 98·8	112	... —	
„ 26.	98·4	... —	96	... —	

acne showed itself. At the roots of the hairs were large black pits, each containing a mould resembling, but in a very exaggerated degree, the *comedones* seen on forehead and *alæ nasi*. Comparatively few of these had either inflamed or suppurated. These, the patient said, were common in paraffin-workers.

These have been already carefully described by Dr Ogston of Aberdeen, in the pamphlet I hold in my hand, which was published in the *Edinburgh Medical Journal* for December 1871. In it both varieties of skin disease to which I have alluded are described and figured. I have not, however, seen any notice yet of the form of scrotal epithelioma just described, and which I believe will be found not unfrequently under the circumstances detailed.

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ARTICLE IX.—*Personal Experience of Death from Aneurism and Disease of the Heart in the Service: A Clinical Note.* By Surgeon-Major WILLIAM CURRAN, A.M.D.

(Continued from vol. xxi. page 535.)

CASE VII. *Simple Hypertrophy.*—Private E. H. was admitted about 12 noon, and expired suddenly about 3 P.M. of the same day. It appears, and this is all I can now recall in connexion with his case, that he was sent to hospital by order of his sergeant, for a weakness or fainting fit he suffered in barracks, but he soon rallied from this, and was seen to walk about the ward a short time before his dissolution. On subsequent examination, the heart was found to be greatly hypertrophied, and to weigh 1 lb. 3 oz. A firm discoloured fibrinous clot adhered to the walls of the right ventricle, and extended for some distance into the pulmonary artery. The walls of the left ventricle were also greatly hypertrophied, and its cavity was filled with clots of dark coagulated blood. Numerous bead-like excrescences were attached to the semilunar and tricuspid valves, and the aorta, dilated beyond the sinus, was very much desiccated and thinned. Its surface was studded with deposits of a yellow, cheesy-looking substance, in a disintegrated condition, which resembled ulceration; and whether there was a syphilitic taint or not, I am unable to say.

CASE VIII. *Dilatation with Valvular Deficiency.*—Private J. S., *æt.* 30, has completed sixteen years' service without being much in hospital, and has only suffered for the last five months or so, and then only after exertion, from pain in the precordia, palpitation, and shortness of breath. On admission a loud systolic bruit could be heard, with equal distinctness at base and apex; the pulse was jerking and indicative of aortic regurgitation, and the diagnosis arrived at was enlargement of the substance of the heart, with dilatation of the left side, and increased impulse. The disease soon