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solution and is given intramuscularly. Intravenous injection was tried, but caused much pain in the bladder and was therefore abandoned. Micturition occurs in most cases shortly after administration of the drug. If no response has resulted in thirty minutes, another ½ cc. may be given. Usually if the first injection fails, later injections have no effect.

Esmodil may be used prophylactically, especially in gynecological cases, 1 cc. being given before operation, and again five hours after its completion. The drug may also be given in medical conditions such as pneumonia and diseases of the nervous system where retention of urine may occur.

Of the author’s cases treated with esmodil, twenty-nine responded to one or two injections, while thirteen failed to respond to several injections and are regarded as failures.

Esmodil marks a distinct advance in the treatment of spasmodic retention of urine.—C. M. Fleming.

UROLOGY

On Malignant Disease of the Testicle, with Special Reference to Neoplasms of the Undescended Organ.
Gordon Gordon-Taylor and Anthony S. Till (British Journal of Urology, March, 1938).—This paper is based on a series of 100 cases of malignant disease of the testicle, 50 of the patients being seen at the Middlesex Hospital and the other 50 in private practice. The article is outstanding for the beauty of its numerous illustrations and for many curious case-histories.

Testicular neoplasms can best be grouped into two classes. The seminoma class comprises those tumours which have a homogeneous structure and are made up of sheets of cells with large, somewhat rounded nuclei containing prominent acidophilic nucleoli, and with finely granular cytoplasm. All other tumours are classified as teratomata as they contain mixed tissues. They may show, for example, cartilage and tubule formation, and even chorionic elements have been found in a few instances. The average age for teratoma is 28 years, the youngest recorded instance being found in a boy of five months. The seminomata have an average age of 40 years. Although a history of injury can be obtained in 20 per cent of the cases, it is doubtful if this is really an important aetiological factor.

Four clinical varieties can be found. In the common type, the tumour grows slowly, insidiously, painlessly and relentlessly. Pearce Gould taught that no other disease causes such early and complete loss of testicular sensation as does new growth, and this dictum ought to be remembered in the early diagnosis.

The second variety can be called the “hurricane” one as the tumour grows with frightful rapidity and may attain the size of an adult head in next to no time. Metastases soon appear.

In contrast to the preceding we have the third type presenting itself as a very slow growing neoplasm and the patient, if of the complacent build, may say that he has observed the gradual increase of the testicle over a period of years.

In the fourth and last clinical variety the primary growth remains unobtrusive while metastases dominate the picture. The lungs are often affected, and one should always bear in mind the aphorism of Hugh H. Young that “multiple tumour nodules in the lungs of a man below 45 are almost pathognomonic of testicular neoplasm.” We may have glandular enlargements in the neck, axilla, &c., or gastro-intestinal symptoms from spread in the abdomen. Sexual precocity may appear or the breasts may enlarge. Osseous secondaries are not common.
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The biological test of Zondek and Ascheim has proved of considerable value both from the point of view of diagnosis and of treatment. It should always be done quantitatively since the qualitative reaction is not sufficiently delicate. The amount of prolan excreted varies greatly with the type of tumour, thus an adult teratoma excretes from 50 to 500 units per litre, a seminoma from 400 to 2,000 units, while a chorionepithelioma gives rise to the excretion of from 10,000 to 40,000 units.

There seems to be no doubt that the retained testicle is much more liable to become the seat of malignancy than the normally placed one. Actually, in the present series of cases, of the fifty malignant testicles seen in private practice no fewer than fifteen occurred in the undescended organ. The outlook is very poor in these cases.

Taken as a whole the prognosis for the teratoma group is much worse than for the seminomata. The pendulum has swung away from the heroic surgery of the radical operation and now we depend on simple orchidectomy followed by appropriate radiation.—Wm. S. Mack.

PÆDIATRICS

Vaccine Treatment of Pneumonia in Childhood. J. Mowbray (Irish Journal of Medical Science, March, 1938).—This is a preliminary report of vaccine treatment of 20 cases of lobular pneumonia, and 23 cases of lobar pneumonia, occurring in children under 4 years of age.

The vaccine used contains pneumococci, streptococci, and B. influenzae in equal numbers. The dose given varies with the age, the adult dose being 200 millions of each organism, while to a child of 1 year 20 millions of each are given.

It is essential that treatment be started not later than the third day. No unfavourable reactions occur. If no fall in temperature takes place after the first dose, it is repeated every twenty-four hours until 3 doses have been given.

All the children treated were exceedingly ill, having dyspnoea, pallor, slight cyanosis and high fever.

The most striking result of vaccine treatment is the rapid amelioration of symptoms which is marked in both types of pneumonia. So far as can be judged from small numbers, both mortality and number of days in hospital are reduced.

In lobular pneumonia duration of fever and distress is decreased. In lobar pneumonia there is no reduction in days of pyrexia, but distress disappears rapidly.

No complications occurred in any of the cases.—C. M. FLEMING.

PATHOLOGY.

Myocardial Infarction. R. M. Murray Lyon (Edinburgh Medical Journal, April, 1938).—An analysis is reported of 110 cases of myocardial infarction found in 3,200 consecutive autopsies at the Edinburgh Royal Infirmary—a post-mortem room incidence of 3.44 per cent. The unusually high figure of 36.4 per cent females was found.

Four cases (all males) occurred below the age of 40 years but 72 per cent were between 50 and 69 years.

There were 9 cases of syphilitic aortitis and 8 (7.3 per cent) of diabetes mellitus as compared with much higher figures (20 to 35 per cent) found by other authors.

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