

the condition resulted from the injury. Subsequently the pain became steadily worse and the day before admission he was given a letter to attend hospital. On examination his temperature was 99° F. (37.2° C.) and he had a pulse rate of 90. The left side of the scrotum was red and oedematous, the testis was enlarged, tense, tender, and transilluminated. At operation the left testis had undergone torsion and was gangrenous. The right testis had a long mesorchium and lay horizontally. Left orchidectomy and right orchidopexy were performed.

Case 2.—A 15-year-old boy was admitted under the care of Mr. A. M. A. Moore. Four days before admission he complained of severe pain in his right testicle. The pain persisted and two days later he vomited. At this time he was first seen by his doctor, who diagnosed acute epididymo-orchitis and prescribed "broxil" (phenethicillin). Despite this the pain persisted and his scrotum became more swollen. He was then referred to hospital. On examination his temperature was 99.6° F. (37.55° C.) and he had a pulse rate of 100. The right side of his scrotum was red and oedematous, the testicle was tense, tender, and high in the scrotum. The pain was relieved by elevating the testis. At operation, torsion had occurred and the gangrenous testis was removed.

Torsion of the testis usually occurs in young men and boys, although it has been seen in a man of 67. The history is of sudden onset of severe pain in the testis, sometimes coming on at night, often associated with vomiting. Previous mild trauma may be coincidental. The pain usually persists and may worsen, but may improve, possibly an indication of gangrene having occurred.

Dix¹ emphasized that "in children, except in those very rare cases of epididymo-orchitis due to a specific cause, all cases presenting the signs of an acute or subacute epididymo-orchitis should be regarded as cases of torsion of the testis, or of a vestigial remnant in connection with the testis." Our recent experience would suggest that doctors do not fully appreciate the importance of immediate operation on all children and adolescents presenting with acute pain and swelling of the testis. Acute epididymo-orchitis is uncommon in this age group and the risk of exploring the scrotum in this condition is small compared with that of delaying exploration in the case of torsion.—We are, etc.,

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REFERENCE

- ¹ Dix, V. W., *Brit. J. Urol.*, 1931, 3, 245.

Cerebral Ischaemia

SIR,—I was sorry to read in Dr. L. G. C. E. Pugh's interesting article on the Himalayan expedition (September 8, p. 621) that a patient was considered likely to have had a "mild cerebral thrombosis." There is no proof that the lesion was thrombotic, and the fact that the patient recovered in three days at a lower altitude suggests that the ischaemia was reversible. However, in the summary it is stated that "cases occurred of cerebral thrombosis" . . . and doubtless this statement will find its way into the literature!—I am, etc.,

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W. R. MORRIS.

Mental Disorder in Old Age

SIR,—It is a pity that your otherwise excellent annotation "Mental Disorder in Old Age" (September 8, p. 662) should be marred by the strange statement,

"Senile psychosis responds disappointingly to any form of treatment, and has a habit of progressing to dementia." This appears to represent the mistaken view that nearly all serious mental disorders in old age are due to dementia. It has, of course, been known for many years^{1 2} that the commonest mental disorder in old age is depression, not dementia. As the term senile psychosis has often been used to designate all psychoses in old age and rather mistakenly³ to designate senile dementia, the word has no precise meaning. I have no wish to be pedantic, but as one interested in the mental disorders of the aged I feel that it is essential to stress the fact that a considerable number of mental disorders in old age are not dementias but are potentially curable or at least can be alleviated.—I am, etc.,

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REFERENCES

- ¹ Clouston, T. S., *Clinical Lectures on Mental Diseases*, 1883. Churchill, London.
² Kraepelin, E., *Psychiatrie*, 1896, 5th edition. Barth, Leipzig.
³ Roth, M., *J. ment. Sci.*, 1955, 101, 281.

A Medical Liaison Service?

SIR,—In commenting on my suggestion for a medical liaison service (August 4, p. 341) Dr. R. L. J. Derham states (September 1, p. 607) that it would be quite possible to organize a system by which general practitioners could obtain information on request. Lectures and demonstrations have their place, but few doctors in active practice have the time or inclination to attend. If the hospitals could set aside a reference department to which local practitioners could go at any time (or contact by telephone) for information relative to a problem on hand and for informal discussions with members of the staff, I am sure it would be appreciated and be of mutual benefit.—I am, etc.,

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T. T. B. WATSON.

Less Damage in the Boxing Ring

SIR,—Despite the unfortunate record of the B.M.A. in regard to the attitude that should be taken to boxing there will certainly be some members of the Association who will find themselves wholeheartedly in agreement with the recommendations of the Committee of the American Medical Association on the Medical Aspects of Sports,¹ to which you refer in your annotation (August 18, p. 466). Your annotation, however, obscures the fact that these recommendations refer to amateur as well as professional boxing, for, as the Committee plainly states, boxing should "be banned at all times and places where optimum protection for the participants cannot be provided." This protection is later defined in terms that include the wearing of headguards.

This would mean, of course, that the risk of serious brain damage would be enormously diminished. A change would be effected in the sport comparable to that produced upon duelling when it was replaced by its more elegant descendant fencing. To those who regard brain injury deliberately produced as lamentable such a change would be most welcome; but to the general run of boxing fans and to those doctors who are apparently of the opinion that the risk of brain damage is a small price to pay for the advantages accruing from the sport it will probably be regarded as ridiculously unnecessary. The unconscious forces that tend to make violence and the shedding of blood respectable are apt