

SCROTAL TUMORS.

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Mr. President and Gentlemen,—In my selection of this subject it has not been so much my intention to go into the history, pathology and treatment of all tumors affecting the scrotum and its contents, as to endeavor to give the history of a somewhat unusual complication affecting those structures, and its treatment. I shall not even enumerate the different diseases of those parts, as any good text book will give you much more information regarding them than I can possibly do. If in the naming of my paper "Scrotal Tumors," I have disappointed any one's expectation, I trust that I shall be able to make amends by this short paper which I am about to read. The title of my subject is, "Spontaneous Hæmatocele of the Tanica Vaginalis, complicated with Varicocele and Encysted Hydrocele of the Spermatic Cord."

On April 21st, 1887, D.B., aged 30, presented himself at my surgery for the treatment of a tumor of the scrotum. He possessed but one testicle (the left) and was anxious to have this saved if possible. The tumor had been growing gradually larger for several years, so that when I examined him it was about the size of a large cocoanut and by its weight had stretched the scrotal tissue to such an extent that the tumor hung down to within two inches of the upper margin of patella. He latterly had it gathered up in a suspensory bag which he had improvised himself. Upon a closer examination the neck of the tumor, or more correctly, the tissues surrounding the spermatic cord between the top of the tumor and the external abdominal ring, contained a mass of dilated spermatic and scrotal veins, six inches in circumference. Light could not be transmitted through the scrotal tumor; there was no history of injury, in fact he had guarded against injury with religious care, as he had never possessed but the one testicle. Its shape was pyriform, very tense, smooth, not painful, and there was no impulse on coughing. I concluded that I had to deal with a varicocele and hæmatocele of the tunic or a solid tumor. I decided to operate upon the varicocele first, as by this means I hoped to reduce the liability to return of the hæmatocele (if it turned out to be such after tapping). In the

treatment of the varicocele I was induced for two reasons, to use the elastic ligature; first, because I had read several articles in the *London Lancet* where this ligature had been used with such good results, and the theory of its action in gradually occluding the vessels by its own elastic contraction, commended itself to me; and, second, in several previous cases where I had operated by means of the hard rubber button, (this I believe was the suggestion of Mr. Burwell, of London,) which has two diverging canals from a common exit on the under surface, to corresponding pins on its upper surface, around which the wire is to be twisted, it had not fulfilled all the objects that had been claimed for that process, as in every case but two I got ulceration of the skin where the button pressed, notwithstanding the precaution I took to pad it well with thick spongy antiseptic felt, and in one case I was obliged to operate a second time on account of the wire breaking and being lost, by being twisted and untwisted so many times to take up the slack. Owing to the two latter disadvantages I have used this small invention of my own, which, though very crude, admirably does away with all danger of the breakage of wire, but does not give immunity from danger of ulceration of the part pressed upon. During the operation with the elastic ligature, although I had taken the precaution to have a triangular-edged cutting needle made to give ample room for the passage of the elastic, I found it impossible to draw it through when the needle was being passed between the spermatic vein and the scrotal skin. In my endeavor to form a loop around the veins, and in trying to withdraw the elastic it broke and a piece remained in, which subsequently produced a large abscess, and was afterwards found in the discharged pus; the operation was completed by means of a platinum wire and effected a good cure of the varicocele, the wire coming out on the sixth day. The instrument I now use has advantages over both the others by avoiding ulceration, danger of breaking wire, and is altogether much cleaner, less painful, and more reliable in every way. In a simple case of varicocele I have not found it necessary to confine my patient even to the house, but they may go about their work with very little inconvenience. Ten days later, on May 1st, I tapped the tumor and found it to be an hæmatocoele, drawing away fifteen fluid ounces of a reddish brown color, with some fibrinous shreds. I was

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