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ART. LXXV.—OBSERVATIONS ON HYDROCELE OF THE TUNICA VAGINALIS, AND ON ENCYSTED TUMOURS OF THE LABIUM.

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Large Hydrocele of Tunica Vaginalis radically cured—Spermatozoa found in the Fluid—Observations.

A man, aged 45, was admitted under my care into the Montreal General Hospital, March 6, 1846, labouring under chronic bronchitis, with emphysema of both lungs. He was treated for the pulmonary disease, for some days, before it was discovered that he had a large tumour which he had taken great pains to conceal, occupying the left side of the scrotum, and extending from the inguinal ring almost to the knee. This tumour was of an oval shape, its upper and lower portions being of the same size, whilst in its middle it was dilated; it could be traced to the ring, but it was not possible to force it through that opening; its surface was smooth, and the scrotum was stretched tightly over it; it was not painful in any part, and yielded a dull sound on percussion. On coughing, the tumour was evidently moved, but the peculiar impulse of hernia was not perceived. *The testicle was found situated at the very lowest point of the tumour*; it was not enlarged nor adherent to the neighbouring parts, and pressure upon it, caused the usual sensation—the epididymis and cord could be traced at the back of the tumour for a short distance, but at the ring they could not be distinguished.

The patient could not give an accurate account of the origin or mode of growth of this tumour, except that he noticed it on the side of the scrotum shortly after he was attacked with the bronchitis, seven years ago, and that since then, it had gradually increased, but had never caused any uneasiness, except a dragging sensation in the loins, from its great weight. It was evident, that the tumour was either a hernia or a hydrocele; its shape, *the position of the testicle*, its having first appeared after severe coughing, countenanced the idea of a hernia, whilst the want of impulse, and its smooth and even surface, notwithstanding its shape, were characteristic of hydrocele. With either disease, we might have complete dullness of sound on percussion; for a hernia on the left side, even of equal size, might be composed almost entirely of omentum, but the transparency of the tumour, as proved by the transmission of light, clearly showed it to be hydrocele.

March 19th.—The fluid, amounting to forty ounces (accurately measured) was drawn off, and an injection, composed of two parts of tincture of iodine and

three of water, was introduced. In a few days the tumour had attained nearly half its original size, but there was no evidence of lymph being effused, and at the end of three weeks, there being no attempt at cure, the fluid was again drawn off, and a method of treatment adopted, which was recommended by Dr. Adams, of the London Hospital, in vol. ii. of the *Lancet*, for 1843.

A camel hair brush, dipped in undiluted tincture of iodine, was passed through the canula, and freely applied to all parts of the serous membrane within its reach. The next day, the tunica vaginalis was partially filled with a solid mass of lymph about the size of a large orange. This gradually became absorbed, and in less than three weeks he was discharged perfectly cured.

He again consulted me, in June, 1848, for benign polypi of both anterior nares, which had displaced the bones and cartilages of the nose, and had given rise to great deformity and difficulty of breathing. I took advantage of the opportunity to examine the seat of the hydrocele, and found the parts in precisely the same state as when he left the hospital. And again to-day, Feb. 22, 1849, I examined the parts and they are found in a perfectly healthy condition.

The foregoing case is not devoid of interest to the practical surgeon, on the following grounds:—

1. The situation of the testicle is quite unusual. Authors have varied in their statements as to the position which this gland occupies, in hydrocele—according to some, it is more frequently met at the posterior part, a little above the centre of the tumour; others again assert that it is usually found *below* the centre, and some have stated that we find it occasionally in front of the tumour, but as far as I am aware, no one has described its occasional appearance *at the very lowest part of the tumour*; on the contrary, the best practical writers agree, in considering this situation of the testicle, as a most valuable diagnostic sign between hydrocele and hernia; and it is not unlikely that a careless or superficial examination of the above case, would have led to this error; its history, and the appearance of the tumour, being more calculated to mislead the surgeon, than elucidate the nature of the disease.

2. The failure of the Tincture of Iodine injection is extremely unusual. In a note to *Chelius' Surgery by South*, it is stated that out of "eleven hundred and forty-eight cases treated by iodine injections, only three cases failed."* In instances like the above, I would strongly

* There can be but little doubt, that this success is greatly exaggerated, for I find my friend Dr. Bellingham, of Dublin, has recorded the failure of iodine injections in some of his cases, and feels disposed henceforth to adopt Mr. Adam's method of applying that remedy.—*See Dublin Medical Press.*