

NOTES ON SURGICAL CASES.

ENCYSTED HYDROCELE OF THE CORD.

DURING the past six months in my surgical clinic five cases of hydrocele of the cord have presented for treatment. This fact in itself is worthy of mention, as for several years preceding not a single case of the kind had come under observation. The ages of the patients varied from 19 to 83 years.

In all the cases there was a history of traumatism in some form as an exciting cause, and three of the patients had been aware of the existing condition for several years. One had been tapped three times in twenty years.

In the case of the man of eighty-three the condition was complicated by a large scrotal hernia, and he was brought to the hospital for treatment for retention of urine. The youth of nineteen had been operated upon two years ago for varicocele.

The operative treatment was similar in each case, viz.: A free incision through the scrotal tissues with exposure of the cyst, which was then emptied of its contained fluid and the cyst wall cut away all around as close to the spermatic cord as possible. The skin wound was then closed with interrupted suture, leaving a small opening for drainage at the most dependent part until the first dressing in 24 or 48 hours.

The diagnosis of the condition was made in each case before operation. The cysts did not in any case communicate either with the tunica vaginalis testis nor with the peritoneal cavity. The quantity of fluid varied from a few ounces to a pint and a half.

In the diagnosis the history of the case was helpful, as the patient stated that the swelling was first noticed at the *upper* part of the scrotum. Upward pressure upon the tumor would cause increased swelling in the inguinal region, with no evidence of reduction nor decrease in the extent of the tumor as a whole. No expansile impulse in the swelling could be ob-