CASE
OF
TUMOUR IN THE GROIN,
WHERE THE TESTICLE HAD NOT DESCENDED ;
AND
OPERATION FOR ITS REMOVAL.

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RICHARD LONG, 43 years of age, farm servant, admitted into the Middlesex Hospital November 3rd, 1846. In the right groin is a prominent swelling, the size of a man's fist, but of oval shape, the long diameter being nearly in the direction of Poupart's ligament, which, however, it covers somewhat obliquely ; for whilst its main bulk at the upper and outer end is above the line of the ligament, the larger part of the lower and inner is below it. It extends from within $2\frac{1}{2}$ inches of the anterior superior spinous process of the ilium to a little beyond the pubes, where it comes in contact with the root of the penis, which is slightly displaced to the left side. The skin covering the tumour is of its natural colour and temperature—handling the part gives no pain. The swelling, which has an uniform smooth surface, feels tense and firm, giving generally the idea of solidity, but at one part with an indistinct sense of fluidity. It is not diaphanous. Squeezed in every part, the sensation experienced on compression of the testicle is nowhere felt. The tumour is to a certain extent moveable, but it cannot be raised from its attachments behind, nor on

its abdominal edge ; that is, the finger cannot here get under it, which it can partially elsewhere. No impulse is communicated to the swelling on coughing whilst the hand is placed on the abdominal muscles, and when this is withdrawn the impulse is one of displacement, not of distention ; from the motions observed on its surface during the action of coughing, the tumour must be covered by at least the superficial fascia of the abdomen ; the testicle and scrotum on this side are wanting.

The patient, a fresh-coloured, healthy-looking man, with no other evidence of disease, is the father of seven, and has had thirteen, children,—the last two years ago. He states that he never had a testicle on that side, but that there always was a small swelling, the size of a nut, at the lower part of his belly ; and he points to a situation corresponding to the internal abdominal ring, or upper part of the inguinal canal. Four years ago this swelling came lower down, and was the size of a walnut ; and when he noticed this, although it gave no pain, he tried to get it up, but without success : since then it has continued to enlarge gradually, but without inconvenience, till of late, when its size has interfered with the complete flexion of the thigh in his occupation of making trusses of hay.

Viewing the case as one of disease of the testicle, which had not descended, but being unable to determine its precise nature, whether hydrocele or hæmatocele with a thickened tunica vaginalis, cystic sarcoma, or malignant disease, I told the patient that it would be necessary to puncture the tumour, and then to proceed according to its nature, so as even to remove it if necessary. Not being prepared for this, and no local applications having been tried, he expressed a wish that they should be, which was done, and at the end of a week he assented to the proposal which had been originally made.

Nov. 13.—The tumour was punctured with a lancet at its lower part, but only blood escaped ; the integuments were therefore divided over its whole length, by which the superficial fascia was exposed, and under this a dense tendinous expan-

sion, that of the external oblique muscle; this being opened, was slit up on the director to the extent of the wound in the integuments, when a purple-coloured glistening tumour burst forth, like the contents of a hernial sac; the tunica vaginalis testis, which was adherent to the neighbouring parts, had been opened by the last incision, exposing the diseased testicle, possessed of its natural relations to the tunica vaginalis, and attached to this posteriorly from the pubes below to the internal abdominal ring above, which was seen quite at the upper and outer angle of the wound. Having divided these attachments, the finger was passed with some difficulty, owing to the close contact of the diseased mass with the internal ring, under the spermatic cord, which was cut across, the vessels being tied as they were divided. The large cavity left by the removal of the swelling had a smooth surface throughout, excepting where the detachment had been effected; in fact, it was lined by the tunica vaginalis, which, as has been already stated, had become united to all the adjoining parts.

It is needless to detain the Society with a description of the dressing of the wound, or with daily reports. It is sufficient to state that up to this time, Nov. 23rd, the case proceeds favourably.

A section of the mass presented the ordinary appearance of medullary sarcoma. No trace of the natural structure of the testicle could be observed; but the vas deferens has been traced by Mr. Moore, on its back part, and with the cord at the line of section presented a healthy character. In the latter, though somewhat enlarged, no encephaloid matter was seen.

A cast of the parts previous to the operation is placed on the table, with the tumour itself, which measures upwards of 5 inches in length, by $3\frac{1}{2}$ from before backwards.

Mr. Curling, in his work on the testicle, remarks that there are "a few instances on record in which a testis retained in the inguinal canal has become so diseased as to lead to the necessity of castration;" and he alludes to a case briefly no-

ticed by Mr. Pott, of diseased testicle in the groin removed by operation at St. George's Hospital. Mr. Curling also refers to two cases by Italian surgeons, and a fourth by a German.

In the Museum of St. Bartholomew's Hospital, there are two casts, which I have recently seen, of tumour in the right groin, where the testicle had not descended. In one of them it was presumed, in the other it was proved to have been encephaloid disease of that organ. In the latter instance, the man, aged 43, had a small tumour in his groin at birth; seven years before his death it began to enlarge; ultimately suppuration took place, with copious hæmorrhage from time to time. On examination, *post mortem*, the mesenteric glands were found enlarged and indurated, and, being cut into, discharged the brain-like substance observable in medullary sarcoma. The testicle could not be found; nor could the spermatic cord be traced beyond the tumour, though it was carefully sought for. What remained of the tumour was a mass of soft encephaloid substance.

The following case, probably of undescended and diseased testicle, occurred to my friend Mr. Hodgson, of Birmingham, who has very kindly communicated these particulars of it to me.

"The patient, Mr. M., a respectable farmer, about fifty years of age, had enjoyed good health throughout his life, and was the father of a family. His right testicle had never descended; but remained, as he expressed it, at the rim of his belly. When he first consulted me in 1842, I found a tumour, about as large as a very large hen's egg, in the right inguinal canal. It had formed gradually, and was not at all painful; but when pressed he said that it gave him a sickening feeling, exactly like that which was produced when the other testicle was squeezed. The swelling was firm, but elastic, and smooth to the touch, and moved only with the other parts in which it was imbedded. The left testicle only was in the scrotum; it was healthy. The tumour in the right groin gradually enlarged, and in a few months was

larger than a fist, retaining the same feeling as when I first examined it, and projecting towards the linea alba and forwards. He went through a very long course of iodine, and iodine was used locally, but without the least benefit. Then he went through a full course of mercury and was salivated; but the swelling continued to grow. At length it was evident that a fluid existed in the upper part of the swelling—the lower half being composed of a solid substance. The fluid increased in quantity, and when the tumour was as large as a foetal head it was tapped, and about a pint of straw-coloured albuminous fluid, exactly like that proceeding from a hydrocele, was drawn away. Some of this fluid was sent to Mr. Erasmus Wilson for examination by the microscope, but no spermatozoa could be discovered in it. When the fluid was taken away, the large tumour could be felt smooth on its surface, but extending irregularly upwards into the cyst, from which the fluid had been removed. The accumulated fluid was removed several times by tapping, and on each occasion it had the same appearance, but varied in quantity. The swelling gradually enlarged until the whole tumour became larger than the patient's head. It projected forwards, and extended to the left side, beyond the linea alba, retaining the same characters as formerly, and the same kind of mobility in connection with the adjacent parts. Percussion distinctly showed the boundaries of its fluid and solid components. It was so large and inconvenient that it was necessary to support it by a kind of sling bandage. The general health continued good, and he had no tumour in any other part of his body.

“The swelling was tapped in October 1845, for the last time. The operation was followed by great inflammation of the sac and tumour—gangrene came on, and he died. I am extremely sorry to add that permission, which was anxiously sought, could not be obtained to examine the body.

“My own opinion of the case was, that this tumour was a diseased and undescended testicle. Whether the fluid was contained in a proper tunica vaginalis, or whether a serous

cyst had become developed upon the swelling, may be regarded as doubtful. If the former was the case, the diseased testicle was combined with hydrocele. I thought the disease to be either simple sarcocele, or fungoid or hydatid disease of the testicle; but when its growth continued uninterrupted under the use of full courses of mercury and iodine, I believed that it was not likely to be simple sarcocele. The patient was seen by Sir Benjamin Brodie, Mr. Aston Key (who tapped the cyst to enable him and Sir B. Brodie to examine the solid part of the tumour), by Mr. Stanley, Mr. Soden of Bath, and several other surgeons, all of whom I believe coincided with me in the opinion that the case was most probably an undescended and diseased testicle."

The account of Long's case was only brought up to the eleventh day after the operation, on the twelfth he was attacked with erysipelas of the face and head, of which he died in three days. On examination a small deposit of encephaloid substance was found on the right spermatic cord just within the inner ring, and a large mass in the root of the mesentery, which, owing to his being fat, had not been detected during life. There were no deposits in the liver or lungs.

Subsequent to the reading of the above communication to the Society, an account of a similar case has been published in the Medical Gazette, for January 15, 1847, by my friend Mr. Storks. In this instance the tumour was in the left inguinal region, the size of a cocoa-nut, the testicle never having descended. The tunica vaginalis contained fluid, and the testicle was the seat of medullary sarcoma. The removal of the parts was performed by Mr. Storks in January 1846. The patient recovered, and lived till April 1st, 1847, when he died in St. George's Hospital, of the same disease, developed to a great extent in the abdomen.

May 1847.