ACCOUNT OF A CASE IN WHICH
AN ABSCESS
FORMED IN
THE VESICULA SEMINALIS,
AND PROVED FATAL BY PERFORATION OF THE BLADDER AND
EXTRAVASATION OF PUS INTO THE ABDOMINAL CAVITY.

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Received June 6th.—Read June 25th, 1850.

HENRY WILKINS, a Sailor, 20 years old, came to the Middlesex Hospital on the 19th December, 1849, complaining of pain in the loins and hip-joint, and moving so like a person labouring under morbus coxarius, as to lead to his being classed among the patients for admission into the surgical wards. Examination, however, showing that there was no active disease of the hip-joint, he was sent into the medical wards, on the supposition that he might have disease of the kidney.

I am indebted to the kindness of Dr. Crawford, under whose care the patient was, for the opportunity of communicating to the Society the particulars of the case; my own acquaintance with it having commenced only in the post-mortem theatre.

The patient, a person of dull intellect, could give but little account of the origin of his complaint, further than that generally in the enjoyment of good health, he attributed his present symptoms to a severe wetting to which he had been exposed six months before. He had never suffered from gonorrhœa, or from any form of syphilis, and had usually no difficulty in passing his urine.

When seen by Dr. Crawford, he had great tenderness and shooting pain in the left groin and hip, extending up the loin of the same side, and much increased by any motion of

the joint. He had acute febrile symptoms ; a red tongue, great thirst, and a quick small pulse. The bowels were moderately open, and the urine of the sp. gravity 1·029, thick and scanty, caused burning pain in its passage along the urethra. Sixteen leeches were applied to the left groin, and he was directed to take Hyd. Chlorid. gr. ij ; Opii, gr. $\frac{1}{4}$, ter. die ; and Vin. Colchici, ℥xx ; Syrup. Papav. ʒj ; ex Decoct. Uvæ Ursi, ʒiss, ter. die.

On the 20th, the symptoms were much mitigated, the febrile attack having abated, and the inguinal pain being felt only on moving the limb. The urine, which was light in colour, deposited a copious thick sediment, which proved to be almost entirely pus. On questioning the lad, it was discovered that a similar deposit had existed for the last three weeks, unaccompanied by pain or uneasiness in the lumbar or hypogastric regions.

He omitted the calomel and opium, and took small doses of Colchicum and Dover's powder, three times a day instead.

21st.—He was not so well. The pain and tenderness on pressure in the left groin had returned with increased violence. There was great constitutional disturbance, with a hot skin and small frequent pulse.

22d.—No abatement in the severity of the symptoms. The patient had not slept the whole night—and there was much headache and sickness without vomiting. Tongue red and dry ; pulse 120, small. He was bled from the arm to ʒviij, and resumed the Cal. and Opium. To take effervescing salines.

On the evening of the 22d he commenced to pass blood with his urine, which tinged it of a dark red colour. The purulent deposit still continued. There was little or no abatement in the general symptoms, except the pain in the loin, which had lessened before the hemorrhage began. The pulse 108, and feeble.

23d.—The bleeding still continuing, he was directed to take Acid. Gallic. gr. x ; Syrup. Papav. ʒj ; Decoct. Uvæ Ursi, ʒiss, every six hours. Barley-water for his drink.

26th.—The urine had lost its red colour, though it still contained much pus. The patient had passed a better night, but was low and feeble.

29th.—Violent purging came on at 11 p.m., and continued to the next day. It was preceded by pain in the abdomen, but there was no rigor. The abdomen was very tender.

Hirudines, x, abdomen. Cat. Lini Postea, Hyd. Chlorid., gr. ij; Pulv. Opii, gr. $\frac{1}{4}$; 6tis horis; Liq. Ammon. Acet. Mist. Camph. 3vj; Vin. Antim., Pot. Tart., $\mathfrak{m}$ xv, ter.

30th.—Vomits everything; abdomen very tender. Pulse small, frequent, and very soft. The alæ nasi distended in breathing.

January 1st.—The vomiting had ceased. Bowels constipated; pulse small and frequent. The extremities were cold, and there was slight delirium. Abdomen still tender. Omitte Haust., and substitute a draught containing a small quantity of Hydrocyanic Acid; Fetus Papaveris postea. Four leeches were applied to the abdomen.

2d.—Hirudines, viij, abdomen; adde ad Pil. Cal. Opii, gr. j.

3d.—He had hiccough since 2 p.m. Pulse 108, and very feeble. Tongue clean and red. Abdomen tympanitic and very tender. About twelve o'clock in the forenoon he died in much agony, but retaining consciousness to the last.

Post-mortem examination, twelve hours after death.—Externally, the body blanched and emaciated. There was nothing calling for remark in the cavities of the head or thorax.

The abdominal cavity was filled with a great quantity of cream-coloured, fluid pus, evidently from an abscess, and not the produce of peritonitis. The peritoneum was in an early stage of inflammation, the intestines slightly glued together, and the surfaces of the liver and spleen covered with a layer of recent lymph.

The liver itself, the spleen, and stomach, and other abdominal organs were quite healthy, but pale. The kidneys and ureters presented no sign, whatever, of disease.

The bladder contained some purulent fluid, and was perforated by an ulcer as large as a sixpence. The penis, testicles, and all the urinary organs were carefully reserved

for further examination, and the question arose, whence did all the pus found in the abdomen proceed? The pelvis, hip-joint, particularly the left one, where there had been so much pain, and the vertebral column, were all examined without throwing any light upon its source. The urethra was slit up; and the testicles, prostate, and neck of the bladder, all examined and found to be healthy. At length, however, the remains of a large abscess was discovered in the situation of the left vesicula seminalis, which was nearly destroyed by suppuration.

The abscess had perforated the bladder, and discharged its contents into that viscus by a small rounded hole; and as the perforation had taken place just where the peritoneum is reflected from the sides of the bladder, the pus had found its way into the abdominal cavity, and set up the fatal peritonitis.

The pathology of this case, hitherto so obscure, was now cleared up, and the course of events can be traced with tolerable certainty.

The formation of the abscess must have been preceded by acute inflammation of the vesicula which occasioned the extreme pain which was so prominent a feature at the time of the patient's admission into the hospital, and the date of its bursting into the bladder is fixed by the passage of pus from it, mixed with the urine. The time, also, when this pus made its way into the abdominal cavity, cannot have been far removed from the attack of hemorrhage from the urethra, which took place twelve days before death.

I have ventured to lay this brief narrative before the Society, because the case which it relates is of a very singular, if not of a unique character; and because it has in it some practical points of interest. The vesiculæ seminales are less liable to active disease than any of the other organs concerned in the function of generation, but they are evidently exempted from acute inflammation and its consequences. Different changes in their structure and contents, occasioned by a slow inflammatory process, are not unfrequently met with after death, in cases where there has been no suspicion

of any disease during life. Of these, the debility and catarrhal inflammation, which, according to Lallemand, extends from the ejaculatory ducts to the vesiculæ, in some of the severe forms of spermatorrhœa, may possibly become of a more acute inflammatory character under the operation of accidental causes, and finally occasion abscess, the exact diagnosis of which must be very obscure. Such abscesses might be confounded with suppuration in the prostate gland, or with disease of the hip-joint, or may probably be included in practice, under the generic name of inter-pelvic abscess, and the like. One of the more uncommon consequences of gonorrhœa is, an excessive irritability of the bladder, accompanied with shivering and discharge of pus with the urine.

It is possible such cases may depend upon suppuration in the vesiculæ seminales, which are, of course, not necessarily mortal, except extravasation should chance to occur into the peritoneal cavity.

Suggestions, such as these, naturally occur in reflecting upon an instance in which the fact of an abscess having formed in the vesicula seminalis, is made sure by the death of the patient; indeed, rare cases of any kind are comparatively useless, if regarded only as medical curiosities; a certain amount of rational speculation is not only allowable, but necessary, if we would derive that instruction and guidance for the future, which all unwonted events may afford to us.

Mr. Cock has communicated to me the following case, in which there is every probability that an abscess had formed in the vesicula seminalis, and in which the fatal event was probably prevented by the timely evacuation of the pus by incision through the rectum. The obscurity of the diagnosis, and the circumstance that disease of the hip-joint had been so closely simulated, are interesting points connected with it.

The patient was about 35 years old, and held a situation in a government office. He had lived fast and was ill conditioned and cachectic.

Some weeks before he was seen by Mr. Cock, he had begun to complain of deep-seated pain and uneasiness in the lower belly, inclining to the left side, and extending around the hip-joint. This was increased by exercise, and also by

a frequently distended state of the intestine, for he was dyspeptic and flatulent. At last he became incapable of performing his duties, and his general health declined rapidly.

Hip-joint disease had been prognosticated, but was decided against by Mr. Cock. There was pain and tenderness on pressure, over the pubes, and towards the left iliac fossa, and when the abdomen was empty and flaccid, a slight fulness could be perceived. He was tolerably free from pain when quiet, and preferred lying on his left side, but could not bear any exertion. There was no history as to cause, and Mr. Cock could not make any satisfactory diagnosis. He said it was an "obscure case," thought it might be a "tumour," or aneurism, or disease of the lower part of the spine, or cellular abscess in the pelvis. The functions of the bladder and lower bowel were normal. Nothing material could be felt by the finger in the rectum.

In the course of three weeks all the symptoms had increased, both local and constitutional. Great febrile excitement, pain now extending up the left loin to the kidney, some intolerance of urine, and lastly, tenesmus and pain in the evacuation of the bowels. As far as Mr. Cock recollects, he had one, and only one, rigor.

After the bowels had been well evacuated by medicine and enema, the rectum was again examined; and now the finger distinctly felt a fulness which encroached on the bowel just above, and to the left of the prostate, corresponding to the situation of the left vesicula seminalis, with an obscure sense of fluctuation, when pressed over the pubes. In two days' time, the projection and fluctuation were more distinct, and came lower down; and as the patient's sufferings were very great, Mr. Cock determined to attempt to relieve him, by gravitating the tumour, which was done with a guarded bistoury. A quantity of thin, dark, offensive pus, was immediately discharged, and the patient continued to evacuate it for two or three weeks, and finally got quite well.

There was no clue as to the cause or original seat of the abscess; but Mr. Cock had an idea that it was caused by some foreign body, as a fish-bone, sticking in the bowel and perforating it, but nothing of the kind came to light.