R E M A R K S
ON THE
ACUTE FORM
OF
ANASARCOUS TUMOUR
OF THE
SCROTUM.

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MR. POTT, in his admirable treatise on hydrocele, has noticed the diffuse watery tumour of the scrotum as a not unfrequent attendant on general dropsy ; and while he mentions the necessity which occasionally arises of unloading the cellular tissue, so as to reduce the size of the swelling, and ward off mortification, he points out the danger occurring from doing so by free incisions. To illustrate the subject, he has related three cases ; in all of which sloughing, to a great extent, followed this proceeding ; the testicles were denuded, most alarming symptoms supervened, and one of the patients perished in consequence.

Mr. Pott advises punctures to be made, in order to empty the cellular tissue ; the benefit accruing from this practice, in favourable cases, is well appreciated by the profession : but it appears that in one case, where even this method was followed, sloughing, to such an extent as to uncover the testicles and cord, occurred, and was followed by the death of the patient.

I propose to bring under the notice of the Society, briefly, a few cases of a different character from those above alluded to ; cases of rapid distension of the scrotum with serosity, in which destruction of the cellular tissue and skin can, on the contrary, be arrested only by very early and free incisions.

This distension is or is not attended by redness or erythema of the surface ; but there is reason to think, from the suddenness of the accession, and from the appearances on exposing the cellular tissue, that there is no actual inflammation of its texture ; there being no induration, nor any appearance of lymph or puriform fluid in the areolæ.

The affection has generally supervened upon abscess or ulcer, perhaps trifling, in the perinæum or groin. Its accession has been sudden, the swelling and tension becoming very great and alarming even within a few hours. The most dependent part, generally the posterior, will be found at a very early period to present one or more deeply-seated ash or tawny-coloured spots ; these extend ; the integument is speedily involved ; and, unless active measures be adopted, the entire coverings and investments of

the testicles will be destroyed, and these organs exposed.

The progress of the case will depend materially upon the state of the patient's system, and upon the nature of the infiltration. Cases of œdematous swelling of these parts, the result of injury or of irritation in the neighbourhood, are continually occurring, in which none of these dreadful consequences arise, or need be feared. But in hospital practice, in some of those in the working classes, perhaps badly fed and clothed, or cachectic from any cause, and during unhealthy seasons, whilst erysipelas is prevalent, the surgeon will do well to look with suspicion at any sudden swelling in this region, and be prepared to treat it actively.

The fluid effused, and which falls, as it were, into the cellular tissue of the scrotum, is often dark, putrescent, and acrid: it causes destruction of all the parts it comes in contact with, and subsequently of the skin, as certainly, and sometimes as rapidly, as if the parts were infiltrated by urine. Cases of sloughing of the coverings of the genital organs are very generally supposed to arise only from this latter cause; and it is with a view of directing attention to the diagnosis, that the following cases are brought before the Society.

The same treatment, it is true, is so far required in either case. The scrotum must be freely opened at the point, where, in consequence of the pressure being greatest, the destructive process has commenced: but of course, in the acute anasarcaous

tumour, or as it may, in some cases, very properly be called, inflammatory oedema, there can be no occasion for interference with the urinary passage, by the application of instruments, either from without or within.

The history of the case, and the absence of a hard tumour in the perinæum, which attends upon and very generally precedes infiltration of urine, will enable the surgeon to form a correct opinion of the nature of the mischief, and to direct his procedures properly and satisfactorily.

CASE I.

J. A., aged twenty-three, sailor. Admitted into the Edinburgh Royal Infirmary March 1834.

He had been shipwrecked on the coast of England, and exposed to the inclemency of the weather for many hours. He afterwards travelled on foot, towards the North, in great distress, scantily clothed, and badly fed. An abscess had formed near the verge of the anus, for which he applied for relief at the Hospital. The opening of the abscess, which was anterior to the orifice of the bowel, and superficial, was somewhat enlarged. Two days afterwards the scrotum was found much swelled: the swelling had come on suddenly during the night. At the visit at twelve, A.M., there was a slight erythema of the perinæum, and the scrotum also was reddish, shining, and much distended, with a grey appearance at the lower and back part. Free incisions were

made on each side of the septum, and slight sloughing of the skin and cellular tissue took place.

The after treatment consisted in the exhibition of antimonial, followed by bark, and the patient made a rapid recovery.

CASE II.

J. M., aged fifty-four, saddler. Admitted into the Royal Infirmary April 7th, 1834.

He states that he has been out of employment for three or four months ; and, in consequence, he was obliged to travel a good deal in all weathers, exposed to cold, wet, and hunger. About a month ago the scrotum became red, painful, and swollen. The swelling increased rapidly, and gangrene followed, leaving the parts in much the same state as on his admission into the Hospital. He had inguinal hernia on both sides ; that of the right side was the largest, and had existed for eighteen years. Both were reducible previously to the sloughing of the scrotum ; but, since then, he has been unable to return the intestine on the right side.

On admission into the Hospital, the coverings of the testes were found to have been entirely destroyed ; both of them, with about two inches of the cord on the right side, and half an inch on the left, being completely exposed, and covered with unhealthy granulations, which discharged a thin serous matter. In both groins there were several openings, with sinuses leading from them in different

directions. His thighs and hips were much excoriated. He was emaciated, and had an unhealthy appearance. Pulse 90, and of good strength; skin cool; tongue dry, and covered with a brownish fur; bowels regular; much thirst.

This patient recovered under general and local treatment: the former consisting in allowing him (after the secretions were brought into a more healthy state) a simple nutritious diet, and so much wine per diem; and the latter, in first the application of the warm-water dressing, and afterwards, when the parts were in a fit state for it, of the zinc wash.

He was discharged in about two months after his admission. It was interesting to observe the rapidity with which the testes were drawn within the integuments so soon as the cicatrix had reached the middle of these bodies.

CASE III.

W. R., aged forty. Admitted into Royal Infirmary July 21st, 1834.

Received a kick on the perinæum, from a cow, about a fortnight ago. There was much pain at the time; but the injury was followed by no further inconvenience until about eight days ago, when the pain returned, and was followed by considerable and rapid swelling of the scrotum. Nothing was applied to the swelling at the time; but, as it continued to increase, he applied for admission into the Hospital.

Upon examination, the scrotum was found to be much swelled, and extremely tender. At the lower part it was of a dark livid colour ; and, on pressing it, an emphysematous crackling was distinctly felt. There was little swelling in the perinæum ; but on the right side, about an inch anterior to the rectum, there was a small opening, irregular in its appearance, through which the dead cellular tissue protruded, and a small quantity of what was, at first, believed to be urine, escaped. The pulse was small and rapid ; the tongue dry in the centre, and moist round the edges. Bowels reported open ; and states that he passes his urine freely. Immediately after his admission free incisions were made into the scrotum, and the opening in the perinæum enlarged. In both places the cellular tissue was found in a state of gangrene ; and a considerable quantity of thin fetid fluid, mixed with air, escaped from the scrotum.

The man was an habitual drunkard, and of weak intellect. He gradually sunk, and died on the 28th of July, before the sloughs had separated.

On dissection, the whole urinary apparatus was found in a perfectly healthy state.

The following is an extract from a letter from Dr. Duncan, to whose kindness I am indebted for procuring the preceding cases for me from the Hospital Report Book, and who filled the situation of house surgeon in 1834 :—

“ There was another case also, but of a very trifling nature, as the slough was quite superficial, and not larger than half a crown : it occurred in a

man named Campbell, at the same time that the other two were in the ward. The man was in the house with slight sores. Erysipelas was at the time prevalent. He was seized with rigors, followed by swelling and pain of the scrotum ; which, in twenty-four hours from the commencement of the attack, began to blacken at the lower part. It was immediately incised, and thus the extension of the sloughing was checked.

“ At the same time, and in the same ward, there were two cases of urinary infiltration, which contrasted well with the above ; but they all recovered.”

CASE V.

S. H., a labourer, of spare habit. Admitted into the North London Hospital May 19th, 1835.

The disease, for the relief of which he applied to the Hospital, was an abscess over the knee-joint, which was cured ; but, just before he was about to be discharged, he complained, for the first time, of slight pain and swelling in the groin : and, on examination, a small fistulous opening was discovered, surrounded by a blush of inflammation. He then said that the opening had existed for some time. The next day (May 28th) rigors took place ; the skin was hot ; tongue furred ; bowels confined ; and the erysipelatous redness extending over the groin and upper part of the right thigh, passing downwards to the scrotum.

On the 29th the scrotum had become very much

swollen, and was attended with discolouration at its most dependent part. The cellular tissue of the prepuce was also much infiltrated.

A free incision was made in the lower part of the scrotum, near the raphé, and the cellular tissue found in a state of gangrene. A small vessel was divided at the lower part of the incision, from which about $\frac{3}{4}$ xv of blood were allowed to escape. Fomentations were applied to the groin, poultices to the scrotum, and twelve leeches to the epigastrium, as he complained of slight tenderness in that region. Warm-water dressing was the next day applied to the wound; and, under this treatment, joined with purgatives, antimonials, and tonics, he recovered, and was discharged from the Hospital on the 14th of June.

CASE VI.

C. P., aged twenty-one, a shoemaker, of sanguineous temperament. In the latter end of December 1837, he received the charge of a gun, loaded with small shot, which entered the lower part of the abdomen, in the left iliac region, and passed out posteriorly immediately above the crest of the ilium, splintering the upper part of that bone in its passage. On the separation of the sloughs an opening was discovered in the colon, at the bottom of the posterior wound, through which the fæces passed.

Five weeks after the receipt of the injury he was admitted into the North London Hospital under my care. By the use of enemata, and the em-

ployment of a compress over the artificial anus, retained by an elastic bandage, the passage of the fæces through the rectum was encouraged. On the 15th of April he was discharged from the Hospital, so far relieved that the anterior wound was healed, the posterior one rendered much smaller, and the fæces made to pass chiefly in their natural course, although a certain portion still escaped by the posterior wound. This circumstance proving a great annoyance, the patient re-entered the Hospital on the 4th of November 1838, with the view of getting rid of it, if possible.

5th.—A circular flap of skin was accordingly raised from the gluteal region, below, and rather to the inner side of the artificial anus, the edges of which were previously removed. The flap being then accurately applied to the opening, was retained by seven points of interrupted suture.

Care was taken that the patient should lie in such a position as to relax the parts implicated.

Adhesion of the flap took place to a certain extent; but, on the 15th, owing to the escape of a quantity of hardened fæces through the opening, the recent adhesions were completely torn through. On the 29th it was attempted, by paring the edges, and introducing curved needles and twisted suture, to produce union of the anterior part of the flap, a space being left posteriorly for the escape of fæcal matter. December 2nd he was attacked with erythema, which, commencing around the opening into the colon, quickly spread over the back, buttocks,

posterior part of the thighs, and round the crest of the ilium, towards the front of the abdomen.

9th.—The scrotum became red, tender, and œdematous. Fomentations were assiduously applied, but the œdema increased rapidly. The anterior part of the scrotum, which, owing to the patient constantly lying on his face, was most dependent, became more discoloured than the rest of the parts affected.

10th.—A free incision was made in the anterior part of the scrotum, through the skin and infiltrated cellular tissue.

11th.—The penis became infiltrated with serum, and the most dependent part (the fore part of the prepuce) became very much swelled and somewhat ecchymosed. The œdema of the parts was so great as to produce phymosis. The prepuce was slit up close on one side of the frænum, and the extreme tension of the parts thus relieved. On the

13th.—The sloughing of the scrotum and prepuce became circumscribed by a distinct red line, round which there was considerable hardness of the tissues.

Warm, moist applications were employed to favour the separation of the sloughs, and, as the patient was debilitated, his strength was kept up by wine and light nutritious diet.

18th.—The sloughs separated completely. The loss of substance from the scrotum was considerable, so that the testicles, covered by the tunicæ vaginales, were exposed to view.

The parts were now dressed with sulphate of zinc

lotion, and the tone of the system improved by the exhibition of tonics, &c.

Under this treatment the sores gradually healed, and the patient was discharged cured on the 29th of January 1839.