HYDATID CYST,

EITHER ORIGINATING IN, OR PRESSING UPON, THE
PROSTATE GLAND.

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JOHN IRELAND, ætat. 64, admitted into the Sussex County Hospital, July 1844, under the care of Mr. John Lawrence, jun. The account given by him on his admission is, that he gains his living by shrimping, and is, consequently, exposed to continual wet; he has been imperfectly clothed, and badly fed. He has experienced some difficulty in passing water for three or four years, and has frequent micturition, but thinks he has never, during the whole of that time, completely emptied his bladder. This difficulty has lately amounted to almost complete retention, and for some days he has only passed urine by drops.

The bladder, when he was admitted, was extremely full, and he was suffering severe pain. Attempts had been several times made to pass a catheter, before he came to the hospital, but without success. The same result attended the first trial after he was admitted. The instrument passed with great facility to the prostatic portion of the urethra; and thence its point diverged into numerous false passages. At one time, though the instrument was apparently in its right direction, its point was felt above the pubis, anterior to the

bladder : at another time it was lost in some deeper position, and when examined for by the rectum, a large, obscurely elastic tumour, in the situation of the prostate gland, was discovered pressing on the gut, and nearly filling the pelvis. The man's state of debility, with a dry tongue and a low small pulse, forbade any long-continued attempt to pass the instrument, and he was accordingly ordered a warm bath, which very much relieved his pain, and enabled him to pass a small quantity of urine. Still his bladder continued very much distended : after a few hours, therefore, a second attempt was made to pass the catheter, and, after a few trials, a small one (No. 4) luckily passed into the bladder. Three pints of highly alkaline urine were drawn off ; but there was no diminution in the size of the tumour felt by the rectum.

The bladder being emptied of its contents, a more careful examination of the abdomen was made, and two small tumours were felt, in the direction of the arch of the colon. These were at the time supposed to be scybala, but, though glysters brought away a large quantity of hard feculent matter, these tumours continued in the same state. The catheter was retained in the bladder, and a quantity of ropy mucus and semi-purulent matter passed away ; and, though by this means he was saved the pain and uneasiness arising from a distended bladder, yet his general symptoms were in no way relieved. He sank into a state of hopeless exhaustion, and died a few days after his admission.

Post-mortem examination twenty-two hours after death.—

The peritoneum, in the neighbourhood of the bladder, was dark, black, and softened. The cellular tissue about its neck, and that covering the psoas and iliacus muscles, was boggy and soft ; the muscles themselves being discoloured and flabby. The bladder was very much thickened, and in the situation of the prostate gland was a tumour larger than a fetal head, which, when cut open, proved to be an hydatid cyst, so full of hydatids compressed together, that the cut

surface presented a wavy appearance ; the true substance of the prostate being lost in this thickened cyst. The course of the urethra was healthy throughout ; but this prostatic portion had been so pressed upon by the tumour, that, in attempting to pass the catheter, numerous false passages had been made in every direction. Between the layers of the omentum, and in close proximity to the arch of the colon, were two tumours, also containing hydatids within a thickened and hardened cyst.

The other viscera were healthy.

On a minute examination of the diseased parts, it was found that, excepting a small portion in front of the false passage, through which the catheter was passed, the whole of the substance of the prostate was lost ; but whether the hydatid cyst were formed in the prostate itself, or whether the cyst originating externally to the gland, and being bound down by the deep pelvis fascia, had, with its growth, so pressed upon the gland as to cause its total absorption, is a matter of doubt. I was at first inclined to the former opinion, but, as I cannot find any similar case recorded, as there were other hydatid cysts found in the omentum, and as the position was such that the cyst by the prostate might have had its origin external to the gland, I should be scarcely warranted in maintaining that opinion without question : still, be it the one or the other, the case altogether is one of so unusual occurrence, that it cannot fail to excite interest.

APPENDIX.

*A Case of Retention of Urine occasioned by a Cyst containing Hydatids developed in the Pelvis; communicated by T. B. Curling.**

MICHAEL DRISCOLL, ætat. 58, a labourer, was admitted into the London Hospital, under the care of Mr. John Scott, 7th Sept. 1840, in the evening, with complete retention of urine, which had existed since the middle of the previous night. He was in great suffering, the pain being wholly referred to the perineum. He stated that, for some time before, he had only been able to pass water with much difficulty, but it had never entirely stopped until that day. Examination by the rectum indicated enlargement of the prostate. A large catheter was introduced without difficulty, and two pints of urine were withdrawn. Although the evacuation of the fluid afforded much relief, he still complained of great pain in the perineum, to which leeches were applied, after he had been in a warm bath and had taken castor oil.

8th.—Pain and tenderness *in perineo* were much increased. The abdomen was tense, tympanitic, and very tender on pressure. Some calomel and Dover's powder was ordered to be given every six hours. The catheter was twice passed in the day without difficulty.

9th.—The pain and tenderness were still great, both in the perineum and in the abdomen. An ineffectual attempt was made in the early part of the day to pass a catheter; but, in the evening, no difficulty was experienced, and a large quantity of urine was withdrawn, but without affording any relief.

10th.—The catheter was twice introduced without difficulty, but there was no improvement in the general symptoms.

11th.—The pain was considerable. A catheter was passed

* I am indebted to Mr. Page, Surgeon of the Carlisle Infirmary, for the history of this case. The account of the morbid appearances is taken from the Hospital Post-Mortem book.—T. B. C.

in the morning, but only three ounces of urine were withdrawn. In the evening 60 ounces were drawn off. The patient was very low and weak. He was ordered to take wine, ammonia, &c. During the whole of the following week the catheter was passed two or three times each day with but little difficulty; sometimes no urine, at others only a small quantity, and occasionally a very large quantity, was passed by it. The water dribbled away from him unconsciously at times.

18th.—The man was apparently sinking, and had diarrhœa in addition to his other ailments. An increased quantity of urine passed involuntarily. He was ordered opium, chalk, &c.

20th.—A catheter was introduced, but no urine followed, although it still dribbled away in the bed. The diarrhœa continued, and debility was increasing. Ordered brandy, &c., *ad lib.*

22nd.—He was a little revived. Urine continued to flow involuntarily. He complained much of pain in the abdomen, which was excessively distended. A careful examination by the rectum was made, and a tumour was felt in the situation of the bladder, conveying to the finger an indistinct sense of fluctuation. It being supposed that the bladder might be filled with coagulated blood, a large prostate catheter was introduced with difficulty, and about six ounces of warm water was injected, a part of which gushed out on the withdrawal of the catheter, the remainder being retained, although an attempt was made to withdraw it by means of a syringe. Opiate injections were frequently repeated.

23rd.—He was weaker. The tympanitic state of abdomen and tenderness were much increased. About a pint and a half of urine passed involuntarily in 24 hours.

24th.—The pain was excessive. The quantity of urine which passed involuntarily was diminished. From this time he gradually sunk, and died on the morning of the 28th.

The body was examined 20 hours after death. The abdomen was enormously distended. On dissecting back the integuments, a small ventral hernia, containing omentum, was found between the umbilicus and sternum. The intestines, particularly the transverse arch of the colon, were distended

with gas; the peritoneal covering was injected, especially in the hypogastric region, where much lymph was effused, producing adhesions of the convolutions of the intestines. The bladder was empty and contracted, and pushed far forwards to the pubis. Between the bladder and rectum there was a cyst, which burst in the removal of the parts from the body, and gave exit to more than a pint of clear fluid. This was found to be an hydatid cyst, the size of an ostrich's egg. It pressed on the bladder in front and rectum behind, and quite filled the pelvis. On laying open the rectum, it was seen to be considerably contracted for about two inches of its extent. The coats were much thickened, and contained between them an hydatid cyst, the size of a large walnut, and unconnected with the larger cyst. The inner surface of the bladder was very rugous, and the mucous membrane of a deep red colour. The urethra was very much displaced upwards. It was lacerated about an inch from its vesical extremity, and there was a long sinus extending for a considerable distance, partly through the coats of the bladder, and partly between the bladder and the larger hydatid cyst, and communicating with the abdomen through an opening in the peritoneum. There was extensive purulent infiltration of the cellular membrane of the pelvis passing upwards in the course of the iliac vessels to the aorta. The iliac and lumbar glands were in a state of commencing suppuration. A third hydatid cyst was found connected with the right lobe of the liver. It extended upwards to the diaphragm, and downwards to right kidney and pancreas. On this cyst being opened, there escaped about three pints of a deep yellow fluid and two large hydatids; one of which, of the size of an orange, was removed whole; the other, which was apparently much larger, broke in the removal. A fourth hydatid cyst, of smaller size, was attached to the pancreas and duodenum. The heart was large, and its valves slightly ossified. The lungs were healthy. The kidneys were soft and vascular.

The false passage appears to have been made on the 22nd, when the attempt was made to inject the bladder.