C A S E
OF
ENCEPHALOID CANCER
AFFECTING A TESTICLE WHICH HAD BEEN RETAINED
WITHIN THE CAVITY OF THE ABDOMEN.

BY
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THE subject of the following history was C. D—, æt. 27, a well-developed, muscular man, of active habits, a zealous boater, cricketer, and sportsman. When a child he was delicate, but after the age of eleven he enjoyed robust health, until he overworked himself in preparing for a scholarship examination at Cambridge, when he became dyspeptic and nervous. He first consulted me for these symptoms in the year 1853. He gradually recovered, worked for his degree, and graduated in honours. He then continued to reside at the University as a private tutor. The second occasion on which I heard of him as a patient was in the month of April in the present year, 1858, when he wrote to me from Devonshire. His letter is dated April 9th, 1858; and the following is his own account of the commencement and progress of the illness for which he then consulted me :

"Last September, while out shooting on a very fatiguing beat on a hot day, an uneasiness in my *right* side,¹ which I had felt for a short time before, grew into such intolerable pain, that I had to knock up for a couple of hours. It went off, and I finished the day's sport without suffering much more pain. For a day or two afterwards the pain was severe. A country medical man assured me it was muscular, and applied hot fomentations. The sensation was that of an aching of the *bone*, and did not appear to be near the surface. Up to the middle of January this uneasiness continued incessantly; sometimes, but not often, becoming positive pain. I rowed during the whole of November, but this did not cause any increase of uneasiness, on the contrary, I think it was less than at any other time.

"In January I went to two balls, and after the last the muscle above the hip was much swollen, and the pain increased so much, that I consulted a surgeon in Cambridge. He, too, called it muscular; but by the middle of February the pain became so bad, that for four or five hours at a time I could only find ease by sitting in a crouching posture. This would be the case two or three times a week, and I do not exaggerate in calling the pain at such times absolute agony. I also had frequently a severe contraction of the rectum, often expelling its contents involuntarily. The medical man changed his mind, and thought the *caput coli* was at fault, and gave me mild aloes pills.

"The urine is slightly high in its sp. gr., but clear and of good colour. The pain of passing water is very great at times. *Once*, while the pain was very intense, I passed some urine which left a thick deposit of mucus, and was quite turbid while warm.

"Just before I left Cambridge the surgeon told me that he had ultimately made up his mind that the pain was attributable to the passing of renal calculi along the ureters. But I have never had any pain in the kidneys."

¹ The seat of pain was just above Poupart's ligament on the right side.—G. J.

My first impression, on reading this account of the patient's symptoms, was that he had renal calculus; and I thought this the more probable from my knowledge of the fact, that, when he was under my care five years before, his urine contained oxalate of lime in great abundance. I now wrote and asked some questions which were suggested by this view of the case. What these questions were will be evident from his reply, which is dated April 11th, 1858, and which I give in his own words:

"As you have asked me questions regarding the retraction of the testicle, I will at once make to you the confession, distressing to me to make, that I have no *right* testicle, nor do I remember ever possessing one. The left is of the ordinary size, and so far as I can judge the proper and healthy operation of the sexual organs is not impaired by this defect, at least I have never experienced any inconvenience on this score. It is painful to me to impart this secret, which I have hitherto guarded with the greatest care, nor is there a soul besides yourself who is at all aware of it. True it is, that we have all of us 'a skeleton in the cupboard' of some nature or another. There has been no retraction of the testicle of any consequence, nor has there been pain in the right thigh. My general health is pretty good; but having led a very sedentary life during the past winter, I am not in a *rude* state of health. Muscles rather relaxed and flabby. The pain has never produced a feeling of nausea. To-day I am upright again, but there is an aching towards the extremity of the glans penis, which I have not felt till within the last few days. I have now, I believe, answered all your questions."

On the 13th of April he again wrote as follows: "I inclose some sediment that I passed last night. The pain was worse yesterday than I have felt it for some time. I drank three hot glasses of weak gin and water last evening, and passed only about three fourths of a pint, after an interval of at least ten hours since the last time of passing any urine. It has given me pain for some days past, as I told you, to pass any urine at all. To-day, with the

exception of a slight uneasy feeling at the point of the hip, I feel as well as I ever did in my life. Yesterday not able to walk one hundred yards, and doubled up. To-day able to walk a couple of miles, which I am just going to put into practice, and perfectly upright. Surely I am not wrong in attributing this change to the passing of the sediment."

The sediment here referred to was composed of the ordinary urate of ammonia, with numerous small octohedra of oxalate of lime. There was no trace of albumen in the urine, nor did the microscope reveal the presence of pus or mucus.

Up to this time I had not seen the patient, but on the 17th of April he came to me on his way from Devonshire to Cambridge. His general appearance did not indicate any serious organic disease; there was no emaciation, and his limbs were firm and muscular. The pain of which he complained appeared to be near the bladder on the right side, but there was no irritability of the bladder, and there seemed no reason to suspect the existence of a calculus either in the kidney, ureter, or bladder.

The recti muscles appeared to be unusually firm and rigid; but with this exception I detected nothing abnormal in the state of the abdomen after a most careful examination, and I could form no opinion as to the nature of the disease.

May 31st.—I saw him again in London. In the mean time he had been suffering more or less constantly from the pain low down in the right side of the abdomen. On the 21st of May he had joined in a cricket-match; and while engaged in the game, he was suddenly seized with unusually severe pain, which compelled him to lie down for some time. He was then carried home and placed in a warm bath. From that time the pain has been more severe, and his condition has very much changed for the worse. He now walks in a bent position with much pain and difficulty; he has lost flesh considerably, has a pale, anxious, haggard look, and is convinced that his disease will, as he says, "end in the churchyard."

He returned to Cambridge, where he continued to lose flesh and strength, and to suffer from severe and almost constant pain. The nature of the disease being still doubtful, I gladly acceded to the patient's wish to have another opinion upon his case; and I arranged a consultation with Dr. Bright on the 12th of June, the patient again coming up from Cambridge for the purpose.

In giving the history of the case to Dr. Bright, I told him that I had ventured to make a guess at a diagnosis. Connecting all the facts which have already been mentioned with one not before alluded to, namely, that the patient's mother had died of cancer of the stomach, it seemed to me not improbable that the right testicle, retained in the abdomen, had become the seat of malignant disease, and that in this might be found the explanation of the long-continued pain, and of the recent rapid emaciation. We then proceeded to examine the patient's abdomen, and Dr. Bright pointed out, what was now sufficiently evident, that just above Poupart's ligament on the right side, there was a growth or deposit either in the abdominal wall or immediately behind it—this portion of the abdomen being hard and resisting under pressure, and yielding a dull sound on percussion. There was besides, considerable fulness of the whole lower part of the abdomen. Dr. Bright's opinion was, that there was a deposit in the abdomen, perhaps cancerous, and he thought it possible that the retained testicle might be, as I had suggested, the primary seat of the disease. From this time the progress of the case was very rapid. After the consultation with Dr. Bright the patient returned to Cambridge, where he remained about a week; he then went to stay at the house of a relative about ten miles from London, where I was asked to see him on the 29th of June.

I found him wonderfully altered, very pale, and much emaciated. He was in bed, though he had been downstairs the day before my visit. The tumour in the abdomen had greatly increased, extending now beyond the median line, and considerably above the umbilicus. It was quite im-

moveable under pressure, and appeared to be closely adherent to the abdominal wall. The whole surface of the tumour was dull on percussion, but there was resonance in the region of the ascending colon. The greatly distended abdomen had very much the appearance observed in a case of large ovarian cyst. During the previous day or two there had been occasional bilious vomiting, which he had encouraged by copious draughts of warm liquids.

I did not see him again alive. He became rapidly weaker, and died on the 7th of July, retaining his consciousness to the very last.

Forty-seven hours after death I examined the body with my friend Mr. Spurrell, who had been in daily attendance upon the patient after he left Cambridge.

The body was much emaciated. The tumour had increased considerably since my visit on the 29th of June; it now extended far over to the left side, and as high as the epigastrium. It felt firm and hard through the wall of the belly. The whole anterior surface of the tumour adhered to the wall of the abdomen, and there were some adhesions about the right iliac fossa. The adhesions were broken down without much difficulty, and the tumour was removed. When *in situ* it occupied a large part of the abdominal cavity. The small intestines were pushed upwards and to the left, and the liver was pushed up beneath the ribs; it formed no adhesions to any of the viscera. In removing the tumour about four pints of dirty grumous liquid escaped from some of the large cysts contained in its substance. The weight of the mass after the escape of this liquid was sixteen pounds; its original weight could not have been much under twenty pounds. Its dimensions were as follows: length, fourteen inches; breadth, twelve inches; thickness, from three to six inches. At the under surface of the tumour was a projecting body, about the size of a duck's egg; its surface was smooth, covered by a bluish-white capsule, which above was spread out and gradually lost over the tumour. The vas deferens, quite normal, passed to the back of this body, and some

fibrous tissue went from its anterior surface to the internal abdominal ring. This body was evidently the right testicle, which above was spread out into the large tumour already described. On section, the testicle was found degenerated into a cancerous mass. My friend Dr. Andrew Clark examined it, and found in it distinct traces of its original tubular structure. The testicle and the whole of the diseased mass into which it had grown had the usual characters, both to the naked eye and under the microscope, of fungus hæmatodes. The tumour was, for the most part, a soft, solid mass, but it contained many cysts, varying in size from that of a hazel-nut to that of an orange. One cyst was as large as a good-sized cocoa-nut. Many parts of the diseased mass were infiltrated with blood.¹ All the other viscera in the abdomen were quite healthy. The chest was not examined.

There is yet one feature of this remarkable case which is worthy of notice—namely, the extreme pertinacity with which the patient kept the knowledge of the non-descent of the testicle from every one but myself. Mr. Baxter, of Cambridge, to whom I am indebted for some particulars of the case, informs me that, although Mr. D— was aware of the doubt which he and his partner, Mr. Lestourgeon, entertained respecting his disease, his constant reply to any question relating to the state of the testicles was that “he had never had anything the matter with them;” and Mr. Spurrell, of Bexley, who attended the patient during the last three weeks of his life, and to whom I had communicated what I knew of his history, could never, by indirect questioning, elicit from him any acknowledgment of the peculiarity which had caused him so much misery.

Many cases are on record in which a testicle retained in the groin or in the inguinal canal has become the seat of cancerous disease. Several instances of this are related by Mr. Curling, in his valuable treatise on the Diseases

¹ I have a microscopic specimen prepared by Dr. Clark in which portions of the tubuli testis are still visible.

of the Testes. One such case is recorded, and others are referred to by Mr. Arnott, in a communication published in the thirtieth volume of the 'Transactions' of this Society.

Hitherto I have neither heard nor read of any case similar to the one whose history I have here narrated. The chief features of the case were the enormous size attained by a cancerous testicle which had been retained within the abdominal cavity, the rapid progress of the disease, especially during its later period, and the severe pain which attended it.