CASE OF ELEPHANTIASIS OF THE SCROTUM.

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(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, at Norwich, August 19th, 1846.)

John Keeling, aged 81, of Buckden, Huntingdonshire, was a fine, robust, hearty old man, to within a few months of his death, and had, during his long life, enjoyed a state of general good health; he had led an active and somewhat laborious life, during the first part of which his occupation was that of a woolstapler, and the latter that of a farmer. His father and mother lived to beyond the age of 60, and two of his sisters are now respectively of the ages of 82 and 84; he had been the father of a large family; neither his father nor mother, nor any member of his family, had, that he was aware of, been ever subject to tumours of any kind, nor to any permanent eruption of the skin. About thirteen years ago he was first sensible of a small increase in the size of the scrotum; he was unable to give any circumstantial account of the facts attending its formation, further than that about that time he met with an accident, by falling through the trap door of a warehouse, which caused some injury to his back for a time, but did not occasion any injury to the penis or scrotum; he had never had stricture nor venereal disease of any kind. At the commencement of the disease there was some degree of itching or irritation about the scrotum occasionally, but the tumour increased so imperceptibly, and gave him so little inconvenience, that it was not till five years subsequently that it attracted much of his attention; it then began to increase in a much greater degree than it had hitherto done; and at the expiration of nine years from its commencement, had arrived at a size which he estimated was about half that to which it had attained, in 1843. It then rapidly increased in size, and in September, 1843, was of the following measurement:—

Circumference of neck of the tumour	23½ inches.
Greatest circumference at the base	40 "
From anterior pubic portion, across the front to the base, and thence posteriorly to the neck, (anterior to posterior,) - - - - -	28 "

The weight was then estimated at not less than forty pounds, and it presented the following appearances:—

It was pyramidal in shape, the apex at the pubis, diverging laterally to a broad rounded base below. In its front aspect it was irregular, and tuberculated, its colour varying from a reddish hue where it had been kept clean, to a brown and almost black colour in other parts; here and there were fissures of some depth, and smaller septa, dividing the skin in roundish nodules, varying in size from a pea or bean to a marble; in the centre of some of the larger ones was a hair; there was no ulceration nor exudation from any part of the tumour, nor had the urine ever caused any excoriation. The penis was completely buried in the mass, the urethra making its exit at about the upper and anterior third of the tumour, where the enlarged prepuce was to be seen. The posterior aspect of the tumour was perfectly smooth, probably from pressure, having a shining dark red appearance. The mass was in general

soft, and its sensibility but little diminished, the patient being aware of the slightest touch; he was also, up to a late period, aware of the presence of the testicles at the upper and posterior part of the tumour. Its weight was its principal inconvenience; there was little or no pain, except when the "burden," as he called it, was inconveniently placed or dragged upon the body.

In March, 1845, the tumour had increased to the following dimensions:—

Greatest circumference	- - -	51 inches.
(40 in September, 1843.)		
Anterior to posterior	- - -	32 inches.
(28 in September, 1843.)		

It had, therefore, in eighteen months, increased eleven inches in its greatest circumference, and was computed to weigh between fifty and sixty pounds. In the spring of the present year, (1846,) his health began to decline, and a gradual emaciation followed, and this was attended by so great a wasting of the tumour, that after death it was found to measure only thirty-eight inches in its greatest circumference.

Over the skin, but especially of the hands and arms, were scattered patches of ichthyosis.

There was no *post-mortem* examination of the body, but the tumour was removed at the pubis. The tumour when cut into was found to be principally composed of a fatty oleaginous substance, with portions, where the cellular tissue assumed a more condensed form, like udder; an oily fluid flowed in great abundance from the incisions made, and rapidly diminished the size of the tumour. Upon dissecting along the spermatic cord, the testicle was found embedded in the tumour, at its upper third enclosed in the tunica vaginalis; the testicle was wasted, but about the size usually seen in old men, and, together with the tunica vaginalis, was quite normal in appearance.

This tumour is, I believe, one of the most remarkable instances, if not the only one, of that tuberculated condition of skin, with hypertrophy and infiltration of the cellular tissue, called elephantiasis of the scrotum, that has occurred, or at all events, that is recorded as having occurred, in this country. There appears to be two conditions under which the scrotum may proceed to attain to this enormous size. The one is under similar circumstances to that which is here recorded, where the disease commences spontaneously, or where there is no very obvious cause to explain its origin; no fever attended with rigors, or much derangement of the general health; where the principal inconvenience is from its weight, and *where there is a tuberculated condition of the tumour, and some scaly eruption of the skin*, and where the disease commences externally, as Larrey observes, by a "sarcomatous tubercle, that soon changes the vital properties of the surrounding skin and cellular tissue;"—and the other which arises from some obvious cause, as where the attack has commenced with intermittent fever, the rigors which are described as very severe, probably indicating the deposit of lymph or sometimes of pus, and where each successive accession of fever causes a fresh deposit, until a large size is attained to; or, in other cases, where rupture of the urethra, and extravasation of urine has taken place, (as in Mr. or Dr. Brett's case, published in the *Lancet* of July 11, 1846;) or where there are hydroceles of enormous size, sometimes complicated with hernia, chronic abscess, diseased

testicle, and so forth, and which more or less tend to impair the health and shorten life, and whose origin is within, from internal causes.

Under the first category may be classed Larrey's Egyptian cases, the present one, Hoo Loo, and probably Mr. Liston's case. Under the second, those cases mentioned by John Bell, and the older surgeons, where abscesses, hydroceles, diseased testicles, &c., are spoken of; and also those cases of Mr. Brett published in the *Lancet* of the 28th of February, 1846, and the more recent case of the 11th of July. The disease, as described by Dr. Titley, in the West Indies, and Mr. Brett in the East, appeared to be accompanied in its origin with acute fever, but less so in the scrotal cases than where the leg is affected, so that after a time the tumour increases, independently of the febrile attacks. (*Vide Medico-Chirurgical Review*, February, 1830.) Mr. Brett has, however, argued in his account of the last case, in which he operated successfully, and which had its origin from rupture of the urethra, with extravasation of urine, that the pathological condition of all these cases is the same. This, I think, is carrying generalization too far, for the peculiar condition of the skin seen in some cases, gives a distinctive character to the disease, if our pathology is to be based on anatomical structure; for although some of the other conditions may be the same under which these growths occur, and the same size or greater may be attained to, by the accumulation of deposits in the cellular tissue from whatever cause arising, yet, if the commencement, progress, and termination of, and method and success in operative procedure in, such cases be different, it is evident that on physiological, pathological, and surgical grounds, distinction ought to be made.

The following are the weights that some of these tumours have arrived at:—

M. De la Croix, operated on by De Lannes	30 lbs.
Chopart, case of a negro on the coast of Guinea	40 lbs.
Larrey, in Egypt, from - - -	50 lbs. to 100 lbs.
Dr. Titley, in a native of St. Christopher, operated on unsuccessfully by Mr. Wilkes,	165 lbs.
Mr. Liston's case - - - - -	50 lbs.
Mr. Brett's seven cases in India, weighed in the aggregate - - - - -	240 lbs.
Mr. Brett's last case, - - - - -	9½ lbs.

NEWCASTLE-ON-TYNE INFIRMARY: PRACTICE OF SIR JOHN FIFE.

(Reported by Mr. A. TAYLOR.)

STRANGULATED SCROTAL HERNIA.

James Gilbert, aged 48, a sailor, of the nervous, sanguine temperament, tall, thin, and always healthy, was admitted, July 23rd, at three p.m., with a strangulated scrotal hernia of the left side. He had had the hernia from being seven years old, and has worn a truss for a long time. He had been drinking some beer five days ago, and the morning following was seized with vomiting, pain of stomach, with hiccup, and the super-vention of all the symptoms of ileus; his truss was a very weak one, and he had worn it upon the unreduced

hernia until two days ago, when, on attempting to return the hernia, he found it impossible.

An injection was given, which brought away a few knots of hardened fæces.

Sir John Fife came, and by the taxis reduced its bulk about one third, but a large tumour remained behind, which it was impossible to return, he therefore at once began the operation, as follows:—

By successive incisions the sac was soon exposed, and proved extraordinarily dense; it was opened in its whole extent on the finger by a bistoury. At the lower end of the sack was a coagulum, the size of a pigeon's egg, in which the rudiments of organization were demonstrable; it adhered firmly both to the intestine and to the sac, which was carefully separated by the finger. On the intestine was a vesication, an inch in length, surrounded by dark inflammation. The stricture was at the neck of the sack, within the internal ring, and although freely divided by the bistoury, the intestine could not be returned until Sir John Fife separated with his finger and a bistoury some adhesions within the abdomen. The wound was closed by the interrupted suture, in the course of which an expedient was resorted to for the purpose of preventing the future protrusion of the intestine; the sides of the sac were included in the suture, with the lips of the external wound, which was then covered with a simple dressing.

24th. No more hiccup nor vomiting; belly much swelled yet, and has passed much wind, but no stool; scrotum much swelled; urine free; slept well. An injection.

In the evening, easy; free passage of natural stool; belly somewhat less tumid; hiccup returned severe. Calomel and opium every night; effervescing draughts with tincture of opium.

25th. Doing well; slept well; feverish; hiccup severe; no vomiting; bowels moved once during the night.

26th. Erysipelatous inflammation and sloughing of the wound; belly still very tumid, though not painful; hiccup sometimes worse; bowels not free since yesterday morning; very easy; sleeps well. Wound dressed with unguentum terebinthinæ.

27th. Has been purged; his belly flat and easy; less thirst and no pain; scrotum less swelled; pulse quiet, weak; hiccup still very severe. Continue the calomel, with Dover's powder; broth, sago, &c.

28th. Sac exposed by sloughing, but the surface now exhibits healthy action, and disposition to cicatrization; belly pretty natural; no hiccup; no appetite; free passage; stitches removed. Continue the powders; cataplasm; beef tea, and chops.

31st. Doing well; rather weak, but no other complaint; sac sloughing out very favourably, with no inflammation.

August 8th. Sac quite gone; ulcer healthy, and quite recovered in himself.

15th. Ulcer healing rapidly; granulations high. Nitrate of silver applied, and wound drawn together by straps of adhesive plaster.

21st. Wound healed, and is going to sea in a day or two.

Sir John Fife afterwards remarked to the pupils that this case was peculiarly instructive for the following reasons:—It proved, first, the importance of operating