

CASE OF SCROFULOUS ABSCESS
OF THE TESTIS,

IN WHICH

CASTRATION WAS PERFORMED.

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A GENTLEMAN, thirty-four years of age, began, in 1838, to notice an enlargement of the right testicle, unaccompanied with pain. He had suffered from the effects of gonorrhoea, but never had hernia humoralis, and he could not recollect ever having received a blow or any injury on the part to cause the swelling.

In 1843 the testis began gradually to increase, without occasioning any pain, or affecting the general health; the only inconvenience complained of was caused by the weight of the testicle acting on the spermatic cord, which was easily obviated by a bag-truss. Leeches were frequently applied; afterwards mercury was given internally, and also applied to the affected part. This plan of treatment for a time seemed to have the effect of checking the growth; but, as the health of the patient became disordered, the treatment was discontinued.

There being every reason to believe the disease to be of a scrofulous character, iodine was prescribed and applied locally for a considerable time, without producing the desired effect, and the constitutional power became affected. This mode of treatment was then abandoned.

Tonics were next given, and straps of plaster applied round the testicle and spermatic cord. The health of the patient improved, but the bandage occasioned pain, and the swelling of the testicle increased. A hydrocele of considerable magnitude formed, and was tapped.

Mr. Aston Key was occasionally consulted, who considered it a scrofulous testicle, and not having yielded to the treatment employed, he advised its removal.

Having witnessed the baneful effects occasioned by the removal of a fungoid or scrofulous testicle, I thought it right to defer the operation until there was more positive cause, the spermatic cord remaining healthy. There was no recurrence of hydrocele after the tapping, except in two small spots, where there was fluid; the integuments of the scrotum, near the anterior surface of the morbid testicle became inflamed, an abscess formed, which I opened, and a considerable quantity of caseous matter escaped, which satisfactorily proved that the diagnosis previously formed was correct, and led me to entertain a hope that the diseased part would ultimately be destroyed by ulceration. The bulk of the tumour diminished, the opening in the integuments was kept open by the application of caustic; the cord continued

healthy. There was firm adhesion between the external surface of the tunica vaginalis and the integuments of the scrotum surrounding the ulcerated opening to a considerable extent, and the skin became very dense and puckered.

At last the patience of the sufferer was completely exhausted, and, being a courageous man, he wished to have the part removed.

On the 10th of July I extirpated the testicle, assisted by my friend, Mr. Erasmus Wilson, and my son; the operation was borne with surprising fortitude. After securing the arteries, I brought the edges of the integuments together by several sutures, afterwards folds of lint moistened with cold water were applied. This plan was continued a week. There was no inflammation or swelling, nor any unfavourable symptoms. The wound healed by the first intention, except where the ligatures and sutures were applied. The sutures were removed on the seventh day after the operation, the ligatures came away on the fourteenth, and the patient went into the country the day following in good health and spirits.

The tumour was about the size of a duck's egg; it felt heavy and solid; the tunica albuginea and vaginalis adhered, except in two small portions, which contained fluid; this is a rare occurrence after tapping, injection not having been employed. A probe passed easily from the ulcerated opening in the scrotum into the diseased part of the testis. A section showed that there was a large scrofulous abscess in the centre, and a considerable portion of its structure was dense, the result of chronic inflammation, and only a small part of its natural structure visible. The vas deferens, where it arises from the epididymis, was obliterated, the remaining portion was pervious; the spermatic cord healthy.

BORDEAUX FOR THE CONSUMPTIVE.—Dr. Pereyra, physician-in-chief at the principal hospital of Bordeaux, states that out of 900 patients under his care since 1830, 362 had been suffering from phthisis, of whom 243 had been discharged, 110 had died, and seven remained under treatment on the 1st March, 1843. At least half of the discharged patients were now in a satisfactory state of health; yet all had had ulcerated tubercles. Cod-liver oil and a tonic diet had been the chief means employed for cure.—*Gazette des Hopitaux.*

DISEASE of the base of the brain affects the intellect much less than when other parts of the brain are engaged, more particularly the upper surface. The optic nerves being so much engaged in hydrocephalus is a reason why the appearances about the eye should be so marked during life.—*Dr. H. Kennedy.*